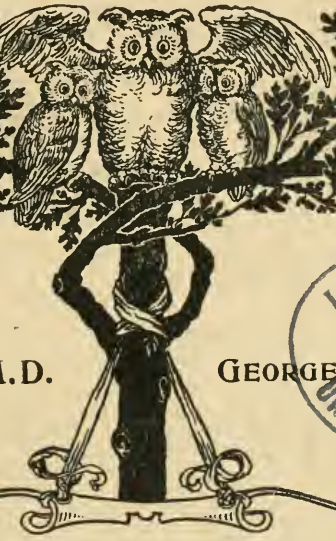
VOL. 1 No 3 FEBRUARY 1ST 1896 $2 OR 8s A YEAR

P Med P

PEDIATRICS



LIBRARY
MAR 16 1949
UNIVERSITY OF TORONTO

Owner—
DILLON BROWN, M.D.
New York.

Editor—
GEORGE CARPENTER, M.D.
London.

DEVOTED TO THE DISEASES OF CHILDREN

PUBLISHED SEMI-MONTHLY
WITH ILLUSTRATIONS

VAN PUBLISHING Co. 1432 BROADWAY Cor. 40TH ST., NEW YORK
JOHN BALE & SONS, 85-89 GREAT TITCHFIELD ST., W LONDON

INTRODUCED TO THE MEDICAL PROFESSION ONLY.

Gude's Pepto-Mangan

THE RED AND . . WHITE . . CORPUSCLES.

GUDE'S PEPTO-MANGAN has been before the American Medical Profession for over 5 years and been subjected to the most critical scientific investigations both in hospital and private practice, and proved to be the ONLY reliable preparation of Iron and Manganese that is assimilated and tolerated by the weakest stomach, and produces results.

FOR

- ANÆMIA
- RICKETS
- BRIGHT'S DISEASE
- AMENORRHŒA
- CHLOROSIS

Report of Eight Cases Treated with Gude's Pepto-Mangan.

See MEDICAL RECORD, June 3, 1893, page 695.

CASE I.—D. G——, female, aged seventy-eight, entered Bellevue Hospital suffering with pelvic cellulitis, the symptoms of which disappeared at the end of a week. The patient was fairly well nourished, but with an excessively pale, waxy color. Examination of blood showed eight per cent of hæmoglobin and 3,920,000 corpuscles to a cubic millimetre. After thirty-four days taking the preparation the amount of hæmoglobin had increased to eleven per cent, and the corpuscles to 4,800,000.

CASE II.—E. W——, aged seventeen, had the most profound anæmia after recovering from a severe attack of scarlet fever. Examination of blood showed six and one half per cent hæmoglobin, and 2,533,000 corpuscles to a cubic millimetre. After taking the preparation forty days the amount of hæmoglobin had increased to ten per cent and the corpuscles to 4,500,000.

CASE III.—A. W——, female, aged twenty-two, had been excessively anæmic for over a year; complained of headaches, ringing in ears, dizziness, neuralgic pains, no organic lesion. Blood showed seven per cent hæmoglobin and 3,520,000 corpuscles to a cubic millimetre; the corpuscles themselves were changed, some being microcytes and poikilocytes. After twenty-three days the treatment was stopped, as the hæmoglobin was normal in amount and the corpuscles had increased to 5,000,000 to each cubic millimetre. The result in this case was the most pronounced of any.

CASE IV.—Charles M——, aged twenty-one, subacute pleurisy lasting six weeks, very anæmic; no fever, some loss in flesh. Had taken syr. ferri iodidi for a month, with but slight improvement in general appearance. Hæmoglobin eight and one half per cent; corpuscles 3,800,000 to each cubic millimetre. At the end of twenty days, when the treatment was stopped, the hæmoglobin had increased one and one half per cent, and the corpuscles to 4,600,000; the fluid in the chest had disappeared.

CASE V.—F. B——, female, aged twenty-two, was admitted to the hospital suffering from insufficiency of the mitral valve. Presented the pale and anæmic appearance seen in cardiac disease. After the patient had improved so that she was up and about the ward she was put on the pepto-mangan (Gude). The examination of the blood at that time showed eight and one half per cent of hæmoglobin and 2,600,000 corpuscles to the cubic millimetre. After taking the preparation twenty-five days the hæmoglobin was eleven per cent, and the corpuscles 4,000,000 per cubic millimetre.

CASE VI.—B. M——, aged twenty-four, suffering from primary anæmia and menstrual disturbances. No organic lesion. Hæmoglobin ten per cent, corpuscles 3,000,000 per cubic millimetre. After taking the preparation forty-three days the amount of hæmoglobin remained at ten per cent, but the corpuscles had increased 1,200,000 per cubic millimetre.

CASE VII.—C. V——, aged fifteen, presented the ordinary appearances of the anæmic girl at the age of puberty. No organic lesion. Hæmoglobin eight per cent, corpuscles 2,800,000. The examination of the blood after taking the pepto-mangan (Gude) forty days showed that the hæmoglobin was normal in amount, and that there were 4,000,000 corpuscles to each cubic millimetre of blood.

CASE VIII.—M. M——, female, aged twenty-four; six weeks after ovariotomy; presented a markedly anæmic appearance. Had shown a slight improvement in color after taking Blaud's pills for three weeks. These were stopped, and the iron and manganese preparation given. Examination of blood showed eight per cent hæmoglobin, and 3,200,000 corpuscles per cubic millimetre. After forty-eight days the hæmoglobin had increased two and a half per cent, and the corpuscles 1,300,000.

CAUTION — SPECIFY **PEPTO-MANGAN ("GUDE")** Prescribe an Original Bottle containing ℥ xi.

M. J. BREITENBACH COMPANY,

SOLE AGENTS FOR U. S. AND CANADA. . .

56 and 58 Warren Street, New York.

TO BE HAD OF DRUGGISTS THROUGHOUT THE UNITED STATES AND CANADA.

PEDIATRICS

Published SEMI-MONTHLY with Illustrations.

$2 or 8s. a year.

All Communications should be addressed to PEDIATRICS, 1432 Broadway, New York, or 85 Great Titchfield St. W., London. All exchanges should be sent to 1432 Broadway, New York.

Manuscripts received only on condition that they are contributed *exclusively* to this journal. Rejected manuscript will be returned.

Compensation to Contributors.—Illustrations will be provided without cost to the author, and 300 reprints or 100 copies of PEDIATRICS containing the article will be furnished. Extra reprints will be supplied *at cost* if the order accompanies the manuscript.

Subscription price, $2 or 8s. a year. Subscriptions may begin at any date. Subscribers failing to receive PEDIATRICS will confer a favor by sending a postal card to either the New York or London office, and the omission will be supplied.

How to Remit.—The safest mode is by Bank Check, Draft, Express Order or Postal Money Order, payable to the order of PEDIATRICS. Cash must be sent in Registered Letter.

Receipts.—The receipt of all money is immediately acknowledged by a postal card.

Copyright.—The entire contents of PEDIATRICS are covered by general copyright in the United States and Great Britain, but editors are welcome to use any article, provided credit is given.

Illustrations.—Provided proper credit is given to PEDIATRICS, the plate for any illustration in this number will be sent to any address, express prepaid, on receipt of 50 cents or 2s. with each order.

Contracts.—No contract involving the expenditure of money or any departure from the approved regulations adopted for the business of PEDIATRICS is valid unless signed by the owner.

Views of Contributors.—The Editors and Publishers are not responsible for the views of contributors.

Entered at the Post Office at New York at Second-Class Rates.

CONTENTS FOR FEBRUARY 1st, 1896.

CONGENITAL LUXATION OF THE KNEE . . . . . HENRY LING TAYLOR, M.D. 97

TWO CASES OF WATER-PARSNIP POISONING . . . . . HERMANN GRAD, M.D. 102

A RACHITIC CURVE OF THE SPINE SIMULATING POTT'S DISEASE 103

One Illustration from Photograph.

A CAS OF CARDIAC HYPERTROPHY — PROBABLY IDIOPATHIC . . . . . WAYLAND C. CHAFFEY, M.D. 105

A NOTE ON THE OCCURRENCE OF LYCOPODIUM IN CHILDREN'S URINE . . . . . MORRIS MANGES, M.D. 107

One Illustration from Photograph.

THE OPHTHALMOSCOPIC APPEARANCES OF OBSOLESCENT TUBERCLE OF THE CHOROID . . . . . SIDNEY STEPHENSON, F.R.C.S.E. 108

Two Illustrations from Drawings.

PRACTICAL NOTES.— 111

A Pleasant Alkaline and Cleansing Lotion.—Dry Seborrhea of the Scalp.—Curious Artificial Respiration.—For Rickets.—Preservation of Ointments, Fat, Etc.—For Chronic Malnutrition.—Differentiation between Acetanilid, Phenacetin and Antipyrin.—Tape Worm Remedy.—Ichthyol in Burns.—Bismuth Subnitrate and Calumba in Acute Gastro-Enteritis of Children.

EDITORIAL.—THE ROLE PLAYED BY INFECTION . . . JOSEPH COLLINS, M.D. 114

SOCIETY REPORT.—New York Academy of Medicine. 117

BOOKS.—Therapeutics of Infancy and Childhood, by A. Jacobi, M.D. 123

NEW BOOKS.— 123

ABSTRACTS. 124

Chronic Alcoholism in a Six-year-old Child.—Two Cases of Diphtheria Treated by Serum and Followed by Death.—Notes on the Pathogenic Forms and Surgical Treatment of Hydrocephalus.—New Intubation Apparatus.—The Treatment of Perityphlitis in Infancy.—Shall We Continue to Sterilize Milk for Infants?—Notes on Fifty-two Cases of Hereditary Syphilis.—Nephritis as a Complication of Intestinal Catarrh in Infants.—Attacks of Stridulous Laryngitis Coinciding exactly with the appearance of Certain Teeth.—Abscess of the Liver in Children, with Report of a Case of Amebic Abscess.—Excision of a Tubercular Elbow in a Child.—The Auscultation of Joints.—Defective Hearing in School Children.—Pseudo-Lobar Broncho-Pneumonia; Treatment.—Adenoid Vegetations.—Otitis Media as a Complication of Pneumonia.—Tuberculous Disease of the Middle Ear.—Idiopathic Enlargement of the Spleen, with Recurrent Attacks of Purpura.—Spine Brace.—A Case of Broncho-Pneumonia in the Newborn.—Tetany, with Illustrative Case.—Nephritis of the Newly Born.—Treatment of Chorea by Salicylate of Soda.

CORRESPONDENCE:

The Filtration of Milk through Absorbent Cotton 143

ITEMS.

Just Published! **THE MEDICAL REGISTER**

Of New York, New Jersey and Connecticut.

For the years 1895-6. Edited by John Shrady, M. D., and published under the direction of the New York Medico-Historical Society. 12 mo., cloth, $2.50. SENT MAIL PREPAID, ON RECEIPT OF PRICE. G. P. PUTNAM'S SONS, 23 W 23d St., New York.

MEDICAL DEPARTMENT. **UNIVERSITY OF VERMONT.**

The FORTY-THIRD ANNUAL COURSE OF LECTURES will begin Thursday, January 16, 1896 and continue *six months*.

INSTRUCTION WILL BE GIVEN IN THE FOLLOWING BRANCHES:

ANATOMY, PHYSIOLOGY, CHEMISTRY, MATERIA MEDICA AND THERAPEUTICS, PRACTICE, OBSTETRICS, SURGERY, DISEASES OF CHILDREN, MEDICAL JURISPRUDENCE, NEUROLOGY, OPHTHALMOLOGY AND OTOLOGY, GYNÆCOLOGY, DERMATOLOGY, VENEREAL DISEASES, PATHOLOGY AND BACTERIOLOGY, HYGIENE, SANITARY SCIENCE AND EXAMINATION FOR LIFE INSURANCE.

LABORATORY COURSES in URINARY ANALYSIS, HISTOLOGY, PATHOLOGY and BACTERIOLOGY and PRATICAL WORK in PHYSICAL DIAGNOSIS and DEMONSTRATIVE OBSTETRICS are now compulsory, and without extra fees.

The instruction is given by Scholastic and Clinical Lectures, by Recitations and by practical Manipulations by the student. The Clinical advantages are in many respects unsurpassed.

For further particulars, address the Secretary,

Prof. A. P. GRINNELL, DEAN.

Dr. B. J. ANDREWS, MARY FLETCHER HOSPITAL, BURLINGTON, VT.

HAMILTON'S SYSTEM OF [Now Ready, in Two Volumes.]

LEGAL MEDICINE.

A WORK OF REFERENCE FOR MEDICAL AND LEGAL PRACTITIONERS

Comprising the most advanced and sound opinions of practical students of forensic medicine.

By ALLEN McLANE HAMILTON, M.D., and **LAWRENCE GODKIN, Esq.,**

Consulting Physician to the Insane Asylums of New York City. of the New York Bar.

Assisted by a Corps of Thirty Collaborators, in its Various Departments, with which their Scientific Reputation is identified. The great features of the work are its Chiefly American Cases, vast amount of Experimental Research and up to date in Theory and Practice. 3500 Cases and Citations. Illustrated. Fully Indexed by 4000 references. Sold by subscripion. **In Two Octavo Vols., 700 Pages each, cloth, per vol.,$5.50; full sheep, $6.50.** Agents Wanted.

THE MEDICAL ANNUAL, INTERNATIONAL, 1895. A Complete Work of Reference for Medical Practitioners Thirteenth yearly issue. By thirty-five distinguished American, British, and Continental authorities. The practitioner will here find all the advances of the Science of Medicine, that is worthy of preservation as reliable aids in his daily work. 8vo, 648pages. Illustrated. [1896 Vol. in Press.] **Cloth, $2.75.**

SEXUAL NEURASTHENIA (Exhaustion.) Devoted to Genital Debility. Its Causes, Symptoms and Treatment. By GEORGE M. BEARD, M.D. Edited by A. D. ROCKWELL, M.D. Third Edition. 294 pages. **$2.75.**

ANTISEPTIC CLUB, TRANSACTIONS OF. By ALBERT ABRAMS, M.D. 12mo, **$1.75.** Third edition to meet popular demand, - - - - - **$1.00**

Not since the days of Dean Swift have keener shafts of satire been launched at the foibles of men than are here hurled good-naturedly at the weaknesses of the medical guild.

NOSE AND THROAT, DISEASES OF THE UPPER RESPIRATORY TRACT. By P. WATSON WILLIAMS, M.D., M. R. C. S., Physician Throat Dep't, Royal Infirmary, Bristol, Eng. 8vo. Illustrated. - - - - - - - - - **Cloth, $2.75.**

THE PRACTICE OF MEDICINE, A SYNOPSIS OF. An embodiment of the late "Systems" and Enclyclopædias. By W. BLAIR STEWART, A.M., M.D., Lecturer on Therapeutics, Medico-Chirurgical College, Phila. 8vo., 434 pages. **Cloth, $2.75.**

MODERN GYNECOLOGY. The latest treatment in this branch of Medical Science. By C. H. BUSHONG, M.D., Assistant Gynecologist and Pathologist to Demilt Dispensary. 8vo, 380 pages. Illustrated. - - - - - - - - - - **$2.75**

E. B. TREAT, Publisher, 5 Cooper Union, New York.

The Philadelphia Polyclinic,

And College for Graduates in Medicine:

THE POLYCLINIC HOSPITAL.

A Great Hospital devoted strictly to **Post-Graduate Teaching.**

Its clinical service of **14,000 new cases** per year is supplemented by the services of *twenty* other *hospitals.*

It affords **actual clinical and laboratory work,** and individual instruction by its 32 Professors, and 44 Lecturers, Adjunct Professors and Instructors.

Its **general schedule** offers a **full day's** instruction for six days of each week, with perfect economy of time.

Its **special schedules** enables the student to devote the **whole day** to work on **one particular branch.**

THE FALL AND WINTER SESSION

extends from October 1st to June 1st. The clinical and laboratory facilities are unequalled. *Weeks of special instruction* are arranged from time to time.

For announcement and schedules, address:

MAX J. STERN, M.D., *Secretary.*

PHILADELPHIA POLYCLINIC,

Or, WM. S. LEFFMAN, *Clerk.* Lombard St., west of 18th, Philadelphia, Pa.

THE ADVERTISING PAGES

of PEDIATRICS are kept clean of quackish or objectionable matter, and the appearance of a business card therein means that the house is reputable and the article advertised legitimate.

THE ATTENTION OF ADVERTISERS

is called to the value of PEDIATRICS as a means of reaching the best class of physicians.

INDEX TO ADVERTISEMENTS.

Baby Powder, PAGE
Julius Fehr, M. D. v

Books,
E. B. Treat. ii

Cod Liver Oil,
The Maltine Mfg. Co. iv

Food,
Predigested Food Co. . . Third Cover

Instruments,
George Ermold. viii

Laxol,
Predigested Food Co. . . . Third Cover

Maltine with Cod Liver Oil
The Maltine Mfg. Co. iv

Medical Colleges PAGE
Philadelphia Polyclinic iii
University of Vermont ii

Medical Journal
Philadelphia Polyclinic . . . viii

Neurosine,
The Dios Chemical Co v

New Remedies,
Lehn & Fink iv
Schieffelin & Co . . . . Fourth Cover

Paskola,
Predigested Food Co. . . Third Cover

Pepto-Mangan (Gude's.)
M. J. Brietenbach Co. . Second Cover

DIPHTHERIA ANTITOXINE, (Gibier's.)

Dr. Gibier's preparation was the first American product employed successfully by the medical profession. It is now acknowledged by a majority of prominent physicians to be the most reliable Diphtheria Antitoxine in this market, and is preferred to the European products. It is supplied in the highest degree of strength or immunizing power obtainable in

Liquid form, 7 ccm. vials, - - - - - $1.25
" 25 " - - - - - 3.00
Dry form (1500 units) one grm. in sterilized vial, 1.80

Other Antitoxines, (Gibier's.)

Tetanus (Lock Jaw) in dry form only.
For human beings, - per bottle, $5.00
For veterinary purposes, - " 3.00
Immunizing dose, for suspicious wounds, - - " 1.00

Cancer Immunized Serum, dry.
One dose equal to 12 ccm., per bottle, $2.50

Tuberculosis Immunized Serum, dry, from the mule.
One dose, - - - per bottle, $1.35

Syphilis Immunized Serum, dry.
One dose, - - - - per bottle, $1.35

Streptococcus Serum, fluid.
25 ccm, - - - - - per bottle, $5.00

Streptococcus Serum, dry.
One dose (equal to 12 ccm), per bottle, $2.50

Erysipelas and Prodigiosus Toxines, for cancer and malignant tumors.
25 ccm, - - - - - per bottle, $3.00

The products of the Biological and Vaccinal Department of the New York Pasteur Institute are supplied to physicians and pharmacists by

LEHN & FINK, SOLE AGENTS, NEW YORK.

Literature on request.

MALNUTRITION WASTING DISEASES TUBERCULOSIS

When the digestive and assimilative powers are impaired, raw cod liver oil is digested with difficulty—

Emulsions contain a large percentage of INERT matter—

"Maltine with Cod Liver Oil" contains no inert matter WHATEVER being composed of 30 per cent of pure oil and 70 per cent. of Maltine, WHICH IS RICH IN DIASTASE—

"Maltine with Cod Liver Oil" is palatable, digestible, and possesses all the virtues of the best Norwegian Oil, in combination with a concentrated predigested food, which digests starch and produces fat.—

PEDIATRICS

VOL. I. FEBRUARY 1st, 1896. No. 3.

ORIGINAL ARTICLES.

CONGENITAL LUXATION OF THE KNEE.*

BY HENRY LING TAYLOR, M. D.
New York.

CONGENITAL luxation of the knee is a rare affection, which is either altogether passed over or but briefly mentioned in most surgical treatises. Of 98 cases of congenital dislocation seen at Langenbeck's clinic, 90 were at the hip and one at the knee, and of 57 cases observed at the New York Orthopedic Dispensary, and reported by Drs. Ketch and Hubbard, 55 were at the hip and one at the knee. In a paper in the *Revue d'Orthopédie* for January, 1891, Phocas, of Lille, describes a case in detail and gives a synopsis of 23 observations, collected from medical literature, and Prof. J. Wolff, of Berlin, describes a case of multiple congenital dislocations, including luxations of both knees, in the *Zeitschrift fur orthopädische Chirurgie*, Vol. II, No. 1, 1892, and brings the number of recorded cases up to 29. In this country cases have been reported by Hamilton, Sayre, Myers, Gibney, Ketch and others, of which Hamilton's, Sayre's and Myers' are included in Wolff's list.

Dr. Gibney's cases are reported in the *Archives of Pediatrics* for September, 1890. The first case had bilateral congenital luxation of the tibia forward, also of the hips and valgus position of the feet. When first seen at four weeks of age no patellae could be made out. At three years of age the patient walked well, the knees could be flexed beyond 90° and the patellae could be felt as small nodules. Dr. Gibney's second case was an infant with bilateral anterior dislocation of the tibia with recurvature of the knees, right pes equinus, left pes valgus and rudimentary patellae.

Dr. Ketch's case was a girl three years old shown to the Orthopedic Section of the New York Academy of Medicine in 1889. There was a right dislocation of the head of the tibia

*Read at the Orthopedic Section of the New York Academy of Medicine, Dec. 20, 1895.

forward with eversion and genu valgum; the ligaments were relaxed, especially the internal lateral, both at that time and when first seen at 18 months.

In September, 1895, a female infant, five weeks old, was brought to Dr. Townsend's service at the Hospital for the Ruptured and Crippled, with club hands due to absence of the radii, and a peculiar congenital deformity of the left knee, consisting in an excessive genu varum with great laxity of the external lateral ligament of the knee, permitting a range of motion from 15° to 70° of adduction, and with a strong tendency to backward displacement. The abnormality was not due to bending of the shafts of the femur or tibia, but was confined to the knee itself. Brief mention is made of the above case as it appears to belong to the congenital luxations of the knee.

The history of a case which was brought to me in May, 1888, will sufficiently illustrate the main points of the symptomatology. This was a boy, seven months old, the first born of twins, in whom the peculiar condition of the knees was noticed immediately after birth. This baby's twin brother weighed seven pounds at birth, the same as my patient, and was perfectly formed; there had been no deformity in the family so far as known. One child older than the twins and one born since are free from defect. My patient was a breechling, coming into the world with the thighs flexed upon the abdomen and the knees hyperextended so that the feet lay either side of the aftercoming head. The malposition of the legs persisted after birth, and it was at once noticed that the knees were bent forward instead of backward, and that they could not be brought back—flexed—beyond a straight line even by using considerable force. After being straightened in this way they would spring back into the abnormal position, so soon as the pressure was removed. They readily bent forward to a right angle with the thigh or 90° of hyperextension, and habitually remained at a considerable angle of hyperextension, when left to themselves. The popliteal spaces were smooth and devoid of crease or wrinkle, but there were creases in front of the knee joint, caused by the reversed bending of the knee. The thighs had been straightened down and kept extended by binding a board splint upon the baby anteriorly, and at the time of my examination were in normal position, as was every part of the body except the knees. The hips were in place, the feet were perfect in form and function, and the spine, trunk, head and upper extremities were normal in every particular. The knees remained constantly in hyperextension, that is with the normal direction of bending reversed, and as the baby kicked from time to time, the contraction of the quadriceps would increase the hyperextension and at the same time draw the head of the tibia forward and rotate it outward. The knees were not observed to move in the direction of flexion. The knee ligaments were

much relaxed in all directions, permitting a lateral motion of 10° or more to either side. The right knee could easily be hyperextended 28° and the left 30°, while there were 22° of passive flexion beyond a straight line on the right side and 20° on the left, showing a greater range of motion in front of a straight line than back of it. In all positions the head of the tibia was displaced forward, and the femoral condyles projected prominently into the upper part of the popliteal space, which was smooth, the creasing being in front of the knee. The leg was somewhat everted at the knee. These displacements could be largely overcome by manual force, owing to laxity of the ligaments, but immediately recurred so soon as pressure was removed. In all manipulations, however, the head of the tibia failed to slide back fully into its proper position. No rudiment of a patella was felt at this time, either by myself on repeated examination, or by several surgeons who examined the case. At this time my patient measured R. A. and L. A. 10½, he weighed 19 pounds and had cut five teeth. His brother measured R. A. and L. A. 11¼, he weighed 19½, and had cut six teeth. The treatment consisted in holding the knees at the limit of comfortable flexion and in as normal relation as possible, and in preventing lateral motion, by means of light wire splints with proper strapping. After four months, hyperextension had diminished 8° on the right side and 2° on the left, while flexion had increased 68° on the right and 38° on the left. There was now considerable voluntary flexion ; the joint capsule was still very lax and the knees were weak laterally.

Apparatus were now applied, which prevented lateral motion and any straightening of the knees beyond 150°, but flexion beyond this point was not checked. After one year of treatment the knees had improved very much in strength, and there was but little hyperextension or lateral motion. Both knees could be flexed more than 90° ; the right which had always been the better, was still somewhat in advance of its mate. The patellae could now be felt as very small nodules in the quadriceps tendon. The apparatus were now changed to permit free flexion through nearly the full range, hyperextension and lateral motion being checked. The patient reported in September, 1889, walking perfectly in his braces. He was able to walk much earlier, but it was thought prudent to hold him back until the knees were stronger. He was also able to walk equally well without braces, but this was not allowed except to demonstrate his ability, lest the weak ligaments should be unduly strained. The tibia were still somewhat displaced forward. In the fall of 1891, the children being three and one-half years old, my patient was 41 inches tall and his brother 40½. The patient's patellae were now well developed, measuring one and one-fourth by one and one-half inches, about one-eighth inch less than his brother's. This patient has continued to wear jointed braces

preventing hyperextension and lateral motion at the knee up to the present time. He is now eight years old, well-grown, and somewhat larger and heavier than his brother. He is very active, in fact the more active of the two. For a long time he has been able to walk perfectly well without his braces, and no abnormality in his gait or appearance is noticeable either with or without the supports. Up to this time in view of his great activity and heedlessness, it has been thought wiser for him to wear them as a protection; he leaves them off at night and for short periods in the day time. Without the braces there are still a few degrees of passive hyperextension at the knee when, the patient being recumbent, the feet are lifted but not more than is sometimes seen in normal children. There is passive flexion to 45° on the the right side and 55° on the left, the range of active flexion is nearly as wide. There is slight lateral mobility and no noticeable deformity.

Adding this case with those of Drs. Gibney, Ketch and Townsend to the 29 cases reported by Wolff, we have 34 recorded cases of congenital luxation of the knee, in 18 of which the deformity existed on both sides, and in 16 on one side only. In 24 of the 34 cases the displacement of the tibia was anterior or prefemoral. In at least 12 of the cases no patella was felt in the affected knee or knees at birth and for some time after; in 5 of the 12 it is noted that the patella could be felt as a small nodule in the course of a year or two; most of the others were observed only a short time. In only one case, reported by Carl Muller, was the absence of the patella anatomically demonstrated. As has already been stated while a few cases of luxation in other directions have been observed, the large majority are of the tibia forward with hyperextension or recurvature of the knee. Of the prefemoral cases two types are described, one bilateral of which a considerable number of the reported cases have been observed in fetuses, still-born children, and monsters and which is usually associated with other congenital anomalies; the other unilateral, in otherwise perfectly formed children. The case detailed this evening presents an exception to this rule; with a bilateral deformity of the knees the child was free from other defect. Phocas states that lateral mobility at the knee is the exception and confined to the bilateral cases usually associated with other deformities. With the stretching which the lateral as well as the other ligaments must undergo to permit the excessive hyperextension and forward gliding of the tibia, lateral motion would be expected, as has been noted in many cases both bilateral and unilateral, abduction with eversion predominating.

As to etiology, a defect of development seems to be the probable explanation. There is no sufficient evidence that trauma, inflammation or paralysis is answerable for the condition. Many of the cases have a history of breech presentation, with

the thigh flexed, legs extended and feet applied to the head; it seems as probable that this position was assumed owing to the abnormal position at the knees, as that the knee deformity was due to the abnormal presentation. The former view is strengthened by the numerous cases in which the knee deformity is associated with other defects evidently due to abnormal or retarded development. Phocas' case as well as my own was the first born of twins.

It is frequently stated in the books that the deformity has in most cases been readily corrected, and that the prognosis is good.

As we have few records of cases under observation for any considerable length of time, and no reports tracing the subjects of this condition to adolescence or adult life, the ultimate result must be a matter of conjecture; but it is not unreasonable to suppose that a displacement often difficult to reduce, with such a marked tendency to recurrence, and associated with such laxity in the ligamentous structure of the joints, cannot be safely left to itself until it has been held and exercised in position, and protected from undue strain for a considerable time. A number of cases have been reported in which a good result was obtained by either suddenly or progressively reducing the deformity, and holding the knee by retentive apparatus, so arranged as to progressively increase flexion. It seems to the writer advantageous to employ such means as will permit normal, while preventing abnormal, motion. Professor Wolff claims to be the pioneer in the operative reposition of a congenital luxation, having replaced, with a satisfactory result, a congenitally dislocated knee, in a five-year-old girl, in 1887, thus antedating Hoffa's operation on the hip. Phocas, having found difficulty in replacing the knee dislocation in a young infant, was led to perform manual osteoclasis at the lower end of the femur, in order to restore flexion, believing that the condition was not a true luxation, but a forward sliding of the femoral epiphysis. A good result is reported.

In the case detailed at the beginning of the paper, attention is called to the twin pregnancy, the abnormal presentation, the bilateral luxation, with recurvature, the lateral mobility, and the rudimentary patellae in an otherwise perfectly formed child, and to the satisfactory condition and function of the legs, and development of the patellae to practically normal size, after prolonged orthopedic treatment.

As there are several gentlemen present who have observed interesting cases of congenital knee luxation, not included in our synopsis, it is hoped that the scanty number of cases may be considerably augmented during the discussion, and since recorded cases of this affection in youths or adults are lacking, it is especially important that observations of such cases should be reported, in order that we learn the natural progress of the affection, and the ultimate results as to the shape, strength, and function of the limb, under varying treatment.

TWO CASES OF WATER-PARSNIP POISONING.

By HERMANN GRAD, M. D.
House Surgeon to the Newark City Hospital, Newark, N. J.

ON APRIL 7th, while at Irvington, N. J., Henry Bischoff, aged 15, and Fred Bischoff, aged 13, found in a swampy place some roots, which they took to be parsnips. Henry, the elder, ate three pieces, and Fred two pieces. After walking for half an hour, Henry complained of being sick to his stomach, and vomited slightly. He was pale, and perspired freely. Fred also felt sick, and both rested in the grass at the road side, where they were found and taken to the nearest drug store. At the drug store Henry, who was in a partial stupor, vomited violently, and became unconscious. An ambulance took them to the hospital; but before their arrival Henry had two convulsions. Fred was much scared, but nothing unusual was noticed, except that he perspired freely, was pale, and his head was drawn to one side at times, but he had no convulsions.

They arrived at the hospital at 8:15 P. M., April 7th, 1895, about three and a half hours after eating the roots. On admission, the elder one was unconscious; his face and lips pale; the pulse full and slightly accelerated; the breathing deep and noisy; and the muscles of the face violently twitching, so that his mouth at times would be drawn together to very small limits. The face would become deathly pale, and the skin covered with a cold perspiration. Suddenly all the twitching would cease, but in a short time the fingers would again begin to move, and with extreme rapidity the convulsion would become general. The head would be drawn backwards; the breathing entirely suspended; the pulse feeble, and at times imperceptible, and the mouth and nostrils covered with froth of a strawberry color. He had three convulsions in about thirty minutes, the last one lasting a considerable time longer than the previous two. He died soon after the third convulsion.

Fred, the younger, vomited very freely, as a result of the emetics which had been given to him at the hospital. His face twitched a few times, and the head would be drawn to one side, mostly to the right. He made a rapid recovery, and the next morning was able to eat a good breakfast.

On the 12th of April the root was planted. It is now about three feet high and has many flowers and branches. The plant was identified by Dr. H. H. Rusby, of New York, as the *cicuta maculata*, or water-parsnip.

A RACHITIC CURVE OF THE SPINE SIMULATING POTT'S DISEASE.

(Children's City Hospital, New York.)

A CASE OF CARDIAC HYPERTROPHY—PROBABLY IDIOPATHIC.*

By WAYLAND C. CHAFFEY, M. D.
London, England.
Physician to the Royal Alexandra Hospital for Sick Children, Brighton.

G. H. aged 3 years, was admitted under my care at the Children's Hospital on Oct. 15th, having been sent by Dr. Treutler, of Hove. The child had been ailing for about three weeks in an indefinite way, and getting weaker There was no history of either alcohol or syphilis, or any other exciting cause thatcould account for his condition. *On admission*, there was great pallor, with restlessness, quick breathing and feeble pulse. There was no cyanosis or edema, and no paralysis. Examination of the chest revealed nothing abnormal in either the lungs or the heart. Milk and stimulants were administered, but the child become rapidly weaker and died next morning.

Post Mortem Examination:—The body generally was fairly well nourished. There were no signs of rickets, except slight beading of the lower ribs. The nasal bridge was not depressed and there were no scars about the mouth or anus. Both the pleural cavities and the pericardial sac contained a considerable amount of straw colored fluid. The lungs were non-adherent, much collapsed, and pale. There was no congestion or pneumonia. The mediastinal glands were normal. The heart was free in the pericardial sac and was greatly enlarged, probably nearly three times the normal. This fact was obvious to others present but I regret the organ was not weighed. There was very marked hypertrophy of the walls of the left ventricle and to a less degree those of the right. There was no dilatation of left cavities; but this change was considerable in the right ventricle, the tricuspid orifice being likewise affected. The valves of all the orifices presented a perfectly healthy appearance, there being no thickening or other abnormal condition. The aorta and pulmonary artery showed no signs of disease and were normal in calibre. There was very little clot in any of the cavities and on section the ventricular walls were somewhat deeper in color than usual and of about normal consistence. The foramen ovale was closed. The liver was enlarged and typically "nutmeg." Its consistence was firmer than usual. The spleen was slightly enlarged. The kidneys were rather large and their capsules stripped off easily leaving a nearly smooth surface. They had no granular appearance. On section, the cortical substance was pale, the medullary portion being deeper in hue and well defined. Their consistence was firmer than usual.

*Reported at a meeting of the Brighton & Sussex Medico-Chirurgical Society—Dec. 5th, 1895.

The intestines presented a normal appearance. There were no ulcers or tubercles to be seen but two of the mesenteric glands were caseating and softening in their centres. *Microscopic examination* of the liver and kidneys showed some thickening of the perivascular sheaths of the small arteries, but there was no interstitial fibrosis of either organ. The changes observed were no more than what one usually finds in cases of long standing tricuspid regurgitation.

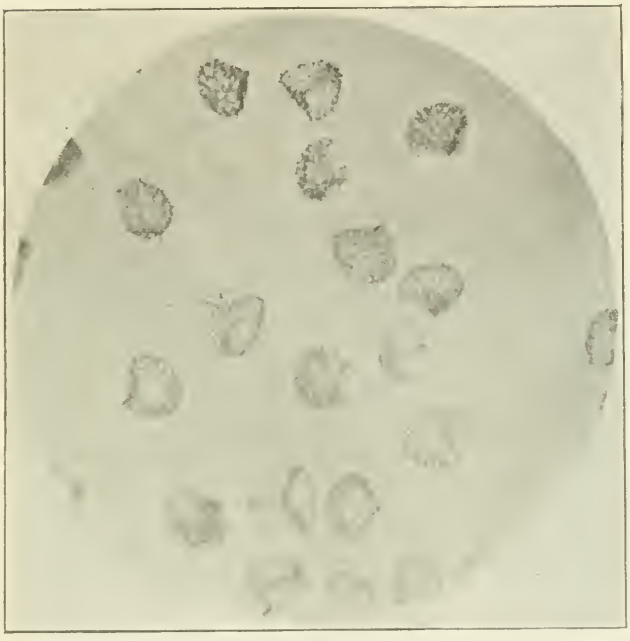
Remarks:—Idiopathic hypertrophy of the heart is recognized by some authors but the instances would appear to be extremely rare, judging by the dearth of individual cases hitherto reported. Personally, I have never before met with a similar case and am only able to give one reference, viz., that recorded by Dr. Hyde Salter in the *British Medical Journal* for July 28, 1866. Any cause which would bring about dilatation of the right ventricle with tricuspid regurgitation, would, I presume, be followed in the long run by hypertrophy of the left heart. Whether or no such a train of events happened in this case I am unable to say. The fact that the foramen ovale was closed and the septum ventriculorum prefect would seem to indicate that no difference in pressure existed at birth between the two sides of the heart. It is a singular fact that no one who examined the chest during the child's illness detected any abnormal signs referable to the heart. When examined by myself soon after admission the child was greatly excited, gesticulating as if wanting to be taken out of the bed. Consequently, the heart may have been acting more vigorously just then, rendering the tricuspid valve competent for the time being. However that may be I feel confident that no *bruit* existed at the time of my examination. The cause of death was collapse of the lungs from accumulation of serous fluid within the pleural cavities, though this did not amount to more than a few ounces in each. There was about one ounce in the pericardial sac. It is remarkable, moreover, that no edema or cyanosis existed during life.

Infantile Broncho-Pneumonia. — For asphyxic symptoms: *Sodium benzoate*, 0.50 gramme (7¾ grains); *acetate of ammonia*, 1.50 grammes (24 grains); *cognac*, 8 to 12 grammes (2 to 3 drachms); *gum mixture, syrup of tolu*, each 45 grammes (1½ fluidounces). Dessertspoonful every hour or two according to age of child. For intense disseminated hyperemia: *Powdered camphor*, 0.03 gramme (½ grain); *benzoic acid*, 0.15 to 0.20 gramme (2¼ to 3 grains). To make one powder. Give in a glass of milk. For cardiac asthenia: *Tincture of digitalis* or injections of *caffeine*. Combat general intoxication by cold baths if the pulmonary lesions are not too extensive.—*Marfan, Journ. d'Pract., Universal, M. J.*, 1895, ix, 381.

A NOTE ON THE OCCURRENCE OF LYCOPODIUM IN CHILDREN'S URINE.

By MORRIS MANGES, M.D.
New York.

ALTHOUGH the text-books on urinary analysis give a formidable list of the substances which may be found as foreign bodies in the urine, nowhere is mention made of lycopodium, a substance, which, from the generality of its use in infants and children, ought to be by no means infre-



Lycopodium Pollen.
(380 Diameters.)

quently found in urine passed (without the use of a catheter) by young children.

My attention was called to the subject while examining the urine of a girl who was suffering from purpura rheumatica. I examined the urine to discover whether there had been any bleeding from the kidneys. Instead of blood-cells, I found bodies, the nature of which puzzled me exceedingly. That they were foreign bodies was easily demonstrated by the examination of a specimen drawn by the catheter. I showed the slides to two experienced urinary microscopists. One of them was

unable to recognize these bodies; the other at once stated that it was a pollen of some sort. Then remembering that about the only pollen in common use was lycopodium, I made an investigation and found that the mother was accustomed to dust the child's genitals with a powder containing this pollen. For the excellent microphotograph (380 diameters) I am indebted to Dr. H. G. Piffard. It renders any detailed description unnecessary.

THE OPHTHALMOSCOPIC APPEARANCES OF OBSOLESCENT TUBERCLE OF THE CHOROID.

By SIDNEY STEPHENSON, M.B.,F.R.C.S.E.

Ophthalmic Surgeon to the North-Eastern Hospital for Children and Surgeon to the Ophthalmic School, Hanwell, W.

SO FAR as my experience goes, ophthalmoscopic evidence of tubercle of the choroid is seldom obtainable until late in the course of such affections as general tuberculosis or tuberculous meningitis. One then finds scattered over the fundus oculi a limited number of small, raised, yellowish-white spots, almost or altogether free from pigment. They commonly have a rounded or oval contour and lie beneath the retinal vessels. They are generally most numerous in the neighborhood of the optic disc. They may increase in number day by day, but, as a rule, death occurs before they become large enough to give rise to any marked symptoms of inflammation. Although the condition is nearly always bi-lateral, yet considerable differences may exist between the two eyes.

Apart from this acute miliary tuberculosis of the choroid, there is a chronic form seen in strumous children, who may or may not be suffering from other tuberculous lesions—for example, phthisis, spinal caries, or hip-joint disease. In cases of this kind one eye is alone affected. The surgeon finds a number of yellowish nodules in or about the central region of the fundus. These increase both in size and number, coalesce, and thus form a raised, ill-defined mass, which lies behind the retinal vessels. The prominence is not infrequently dotted over with small collections of pigment. Supposing the patient to survive, such a mass may later either continue to grow, perforate the eyeball, and induce *phthisis bulbi*, or become absorbed.

When the latter event takes place, the fundus shows, of course, permanent changes at the spot where the mass lay. There are good reasons for believing that the ophthalmoscopic picture thereby produced is in many instances sufficiently definite to allow its cause to be identified at a glance. The appearances are well shown in the accompanying pictures, which were taken from children at the Ophthalmic School. The

resemblance between them can scarcely escape notice. To my mind, they represent a definite type, the recognition of which is important no less to the general physician than to the ophthalmic surgeon.

CASE 1. Albert F., 4 years of age, was a child of strumous appearance; his glands were swollen, and he had a pustular eruption about the head and face.

The ophthalmoscopic examination of his left eye showed an egg-shaped patch to be present in the central region of the fundus. Its long axis was horizontal, its color greyish-white, and its surface was depressed slightly below the level of the surrounding parts. Its border was outlined by pigment, some of which invaded the patch itself. As shown by Figure 1, the fundus in its immediate neighborhood was of a pale orange hue, with a few small pigment spots flecked about it. The transverse measurement of the entire area was about equal to the vertical diameter of the optic disc. The retinal vessels were normal, and the fundus showed no other pathological changes. The right eye was free from disease.*

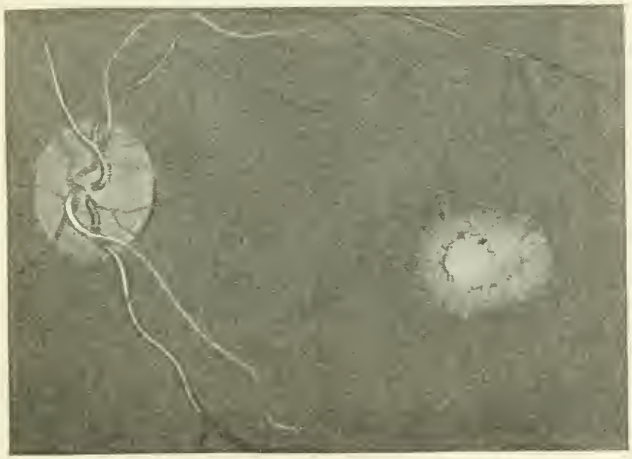


Fig. 1. Obsolescent Tubercle of the Choroid.

The patient remained under observation for two and a half years. During that time his general health improved, but the eye lesion manifested no material change.

CASE 2. John S., 4 years of age, came under notice on March 11th, 1890. He was of distinctly strumous temperament as evidenced a swollen upper lip, emaciation, enlarged glands,

*Mr. C. A. Morton, has described pigment-rings upon the surface of choroidal tubercles (BRITISH MEDICAL JOURNAL, June 4th, 1892).

discharging nostril, and a pustular eruption about the nose and ears.

As shown by Figure 2, his left eye contained a large patch of disease. It lay between the optic disc and the yellow spot region of the fundus, and its outer part encroached upon the latter. Roughly speaking, it was of quadrangular shape. A small mass of pigment formed the centre of the figure, and this was surrounded at some distance by a ring of pigment, the intervening area having a greenish-grey hue. As in the former case, the neighboring fundus had a pale orange color, with speckles of pigment about its margin. Some small retinal vessels crossed various parts of the affected area without losing their definition. No further pathological changes were to be found in the fundus. The right eye was normal.

This patient was seen by me the other day. His health has

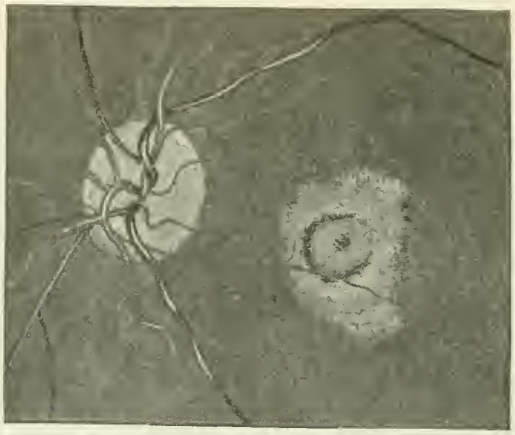


Fig. 2. Obsolescent Tubercle of the Choroid.

improved, although even now he suffers from relapsing pustular impetigo of the scalp. As to the left eye, the central part of the affected area has become more pigmented than was formerly the case, but there is no further change.

There are three points, then, in which the foregoing cases agree: (1) That the diseased spot essentially consists of a central atrophic area, enclosed by a pigmented figure, and surrounded by a zone of altered choroid; (2) that it is of large size and lies in the central region of the fundus; and (3) that it is present in one eye alone. To these must be added the fact that each patient was markedly strumous.

To judge from my own experience, I should say that this condition of the fundus is not a common one. I have often

failed to find it in those with chronic tuberculous lesions. At the same time, it has, when present, important practical bearings. It may, for instance, furnish the physician with evidence as to the former existence of tubercle, even when the patient appears to be free from tuberculous changes in other parts of his body.

PRACTICAL NOTES.

A Pleasant, Alkaline and Cleansing Lotion.—A small addition of sugar increases the solubility of borax. It is used in the following powder for this reason, and also because it makes a more agreeable compound and assists in separating the other ingredients:—

℞ Sod. Biborat. ʒss
Sod. Bicarb. ʒss.
Potass. Chlorat. ʒss.
Sacch. Alb. ʒss.

Ft. pulv.—S. A teaspoonful to be dissolved in half a tumbler of tepid water.

This forms a pleasant, cleansing, and alkaline lotion, which can be used as a gargle or as a nasal douche. The powder can be kept made up in packets in a portable form, and the lotion prepared freshly as required.—*Practitioner*, 1895, liv, 189.

Dry Seborrhea of the Scalp. *Beta-naphthol*, 0.30 gramme (4½ grains); *camphor*, *resorcin*, each 0.20 gramme (3 grains); *sulphur precipitate*, 3 grammes (46 grains); *pure vaselin*, 20 grammes (5 drachms). Use as an ointment twice a week, removing any excess with a handkerchief. Next morning clean the head with a little *petroleum ether*, or, if too irritating, use the following: *Liquid ammonia*, 10 grammes(2½ fluidrachms); *rum*, 40 grammes (1¼ fluidounces); *tincture of quinine*, *tincture of rosemary*, each 30 grammes (1 fluidounce); *walnut-leaf infusion*, 200 grammes (6½ fluidounces). If the seborrhea is very oily, apply the following lotion three times a week; *Sulphur*, 25 grammes (6½ drachms); *camphorated alcohol*, 50 grammes (1½ fluidounces); *pure glycerin*, 5 grammes (1¼ fluidrachms); *distilled water*, 200 grammes (6½ fluidounces.—Brocq, *Jour. de Méd et de Chir. prat.—Universal M. J.*, 1895, ix, 348.

Curious Artificial Respiration. Dr. Berthold Beer recommends that the mucous membrane of the lips of the mouth be rubbed slowly with a piece of ice, the rhythm of the motion corresponding as nearly as possible to that of normal respiration. He claims that the inevitable result of the treatment is the return of respiration, at first in a very pronounced form, but becoming, on the continued application of the ice, very regular,

quiet and deep. Ice used in this way has also a general sedative effect, and its quieting action has been successfully turned to account in the treatment of cerebral troubles. Dr. Foges has obtained equally favorable results with this treatment in cases of suffocation. This method may be employed for several hours at a time, and is said to be harmless for the patient and easy for the physician. — *Science News*, 1895, xxix, 183.

For Rickets.

℞

Phosphorus. . . . . gr. 2-13.
Saccharin . . . . . gr. lxxvii.
Essence Lemon . . . ℥ ii.
Cod Liver Oil . . . . ʒ iiiss.

M. S. Dose, one teaspoonful.—Guinon, *Med. Rec.* 1895, xlvii., 218.

Preservation of Ointments, Fat, etc. To prevent fats of all description from becoming rancid, the *Rundschau* recommends the addition of a small amount of nitric ether, or a concentrated solution of sodium thio-sulphate.—*National Druggist*, 1895, xxv, 335.

For Chronic Malnutrition.—In a case of chronic malnutrition of probably rachitic origin in an infant, Dr. Davis recently recommended the following as a substitute for cod liver oil: *glycerine*, one fluidounce; *yolk* of one egg; *olive oil*, two fluidounces. Mix and make an emulsion and add *creosote*, one-half minim to each fluidram. Dose—a teaspoonful four times a day after each meal.—*Phila. Polyclinic*, 1895, iv, 509.

Differentiation Between Acetanilid, Phenacetin and Antipyrin.—On heating with zinc chloride in a test tube, acetanilid gives off a vapor with an aromatic odor, phenacetin a vapor with a sharp biting odor (acetic acid), and antipyrin gives off an odor resembling that of carbon disulphide.—*Am. Druggist*, 1895, xxvii, 372.

Tape-Worm Remedy. Dr. Edward Kraus, pediatrist, of Vienna, highly extols the following mixture against tape-worm especially in childhood:

Ethereal extract of green male fern, grs. xx—xxx
Extract pomegranate, - - ʒi—iss
Electuary lenitive, - - - ʒi—iss

Mix. Give the whole in the course of two or two and one-half hours, at intervals of fifteen minutes, *i. e.*, divide in eight or ten doses and give a dose every quarter of an hour until all are taken. Kraus's method is as follows: The child is fed for a day or two previously on soups, broths, milk or other liquid

foods, and the night previous to the exhibition of the remedy the lower bowel is washed out with a copious enema of tepid water. The next morning no breakfast is given, or merely a cup of tea, in fifteen minutes after which the first dose of the remedy is given. The child must be kept as quietly as possible, preferably in bed, and if in spite of this precaution there is a tendency to vomit, give a little sweetened lemon juice or a peppermint drop which will usually check the nausea of little children. Larger ones, or adults, may take coffee, strong and black. The dose is about the size of a hazel-nut, but dissolves easily in a mouthful of lemon juice and sugar, which disguises the taste. The remedy is said to be certain, and to bring the worm away completely.—*Nat. Druggist*, 1895, xxv, 338.

Ichthyol in Burns. In burns of the first degree Dr. Leistikow has recourse to applications of the following powder:

Zinc Oxide	5 parts
Magnesium Carbonate	10 parts
Ichthyol	1 to 2 parts

In burns of the second degree he applies the following paste:

Zinc Oxide	5 parts
Prepared Chalk	10 parts
Starch	10 parts
Linseed Oil	10 parts
Limewater	10 parts
Ichthyol	1 to 3 parts

The applications of the powder and of the paste are renewed once a day.

When inflammation is intense the two preparations may be employed simultaneously, the burn being first covered with a layer of powder, and the paste applied over this.—*Sem. méd.*, 1895, xv, 487,—*Am. M. & S. Bull.*, 1896, ix, 33.

Bismuth Subnitrate and Calumba in Acute Gastro-Enteritis of Children. E. Trabandt (*Sem méd.*, 1895, xv, 230) has found that in acute affections of the digestive tract occurring in children, bismuth is especially efficacious when administered in infusion of calumba root. The formula he recommends is the following:

Calumba Root	1 gme.
Boiling Water	75 gme

Infuse, strain, and add:

Bismuth Subnitrate	3 gme.
Syrup Orange-flowers	15 gme.

Shake well! Teaspoonful every two hours.

Under the influence of this medication, the author asserts, the vomiting stops after one or two doses have been taken, and the diarrhea is controlled within twelve to twenty-four hours. *Am. M. & S. Bull.*, 1896, ix, 19.

EDITORIAL.

THE ROLE PLAYED BY INFECTION.

IN THE causation of nervous disease, the role played by infection is more striking and apparent as these diseases appear in children than when they present themselves in adult life. A decade past scarcely a disease which belongs exclusively to the nervous system, with the exception of cerebro spinal meningitis, was looked upon as of infectious origin. But to-day the list includes a great number of all the important organic diseases of the brain, the cord, and the peripheral nerves, to which a child is subject. To take a few examples: No more distressing picture can be called up than that of a beautiful, healthy child suddenly stricken with anterior poliomyelitis, a disease which, while not inimical to life, is in a vast majority of cases an obstacle to the future usefulness and enjoyment of life.

In the majority of the text-books of to-day, even of those which are supposed to be "fin de siecle," the etiological factors still attribute this disease to exposure, to cold, trauma, previous acute diseases, and that very indefinite something, the neuropathic predisposition. All this in face of the fact, that the most trustworthy and careful observations have placed beyond cavil the occurrence of the disease, not alone epidemically, but endemically. The experience of Mendin, of Stockholm, which has been recently so fully corroborated by Caverly in our own country, shows that there can now be no doubt that the disease occurs not only under auspices exactly similar to the other infectious diseases but pursues a strictly analogous course.

Certainly the microbe which causes the disease or the infectious process at the bottom of the condition, has not yet been isolated, and desirous as that may be, it in no way detracts from the convincing evidence which we have in hand.

As the successful treatment of infectious disease keeps pace and goes hand in hand with our knowledge of its causation, it behooves practitioners who are in a position to see most of this disease, to spare no effort to discover the actual causation of each case or each epidemic as it shows itself, with the assurance that when the real, absolute cause of the disease is discovered, its treatment, that is its prevention, will be forthcoming.

A second example is that of polyneuritis, occurring in infancy. No stigma is cast upon the diagnostic perspicacity of the profession when we say that until very recently most of the cases of this disease have been considered somewhat unconforming of anterior polio-myelitis, in fact, cases of polyneuritis have been considered so very uncommon in children, that the occurrence in an individual case has been thought of sufficient interest to prompt reporting it as a clinical rarity. The experience of neurologists, however, has taught them not to share this opinion.

Recently, Hammond has recorded a number of cases which occurred epidemically in the City of Bridgeport. Like other epidemics the disease could be traced to a certain *locus*. Each case had a more or less definite period of incubation, which was followed by a brusque appearance of the symptoms, and a rapid course of the disease. Although in these cases no extensive microscopical examination was made to discover a specific microbe, Dr. Lynch, in whose practice many of the cases occurred, was able to detect in one instance pathogenic organisms. For a long time cases of neuritis have been known to develop with malaria, and since the discovery of Lavran of the micro-organism of malaria, the genesis of these cases has been more explicable.

There is a class of diseases to which, as yet, the pediatric physician has apparently not had his attention specifically called, namely, acute inflammation of the brain substance. In these the role played by infection will, undoubtedly, be found to be a most important one. The experience of physicians during the last two epidemics of "La Grippe," has not yet entirely come

to light; the more we get of it, however, the more do we see that the late and malign results of this disease are manifested particularly in the central nervous system. The number of acute cases of encephalitis, a good proportion of which terminate in recovery, published by Oppenheim, Leichtenstern and Bucklers, is in evidence, not to mention the cases of polio-encephalitis superior, which Wernicke and his followers considered to be dependent upon a single cause, alcoholism, but which have been proven beyond a doubt to be the sequelæ in a considerable number of cases of influenza, that this infection produces changes in the brain substance which deserve serious study.

Perhaps one of the most fertile fields for observation of the pediatric physician to-day, who studies nervous diseases is in the differentiation between inflammation of brain membranes and of the cortical substance. Up to the present date the latter have been scarcely considered. Their study, differentiation and classification will mark a most important advance in the comprehension of acute inflammatory nervous diseases of children.

Joseph Collins, M.D.,
New York.

Bicarbonate of Soda for Ordinary Colds. Dr. L. Duncan Bulkley strongly recommends the use of bicarbonate of soda in the treatment of ordinary colds. He gives 20 to 30 grains dissolved in two ounces of water every half hour for four doses. If this does not relieve the symptoms, he waits two to four hours and gives another four doses in the same manner. It is rarely necessary to repeat this more than once or twice.

Bromides as Tenifuges. J. Frank (*Wein med. Presse*, 1895, xxxvi, 1797) reports a case in which sodium bromide unexpectedly acted as a powerful tenifuge. The case was that of a young, robust girl, in whom violent eclamptic attacks suddenly set in, and recurred at irregular intervals for about ten days. This case remained obscure until the patient passed several yards of tapeworm, after which event the attacks ceased. Dr. F., is inclined to think that the expulsion of the tapeworm was the effect of the sodium bromide, of which he has prescribed about fifteen to twenty gme (four to five dr).—*Am. M. & S. Bull.* 1896, ix, 19.

SOCIETY REPORT.

NEW YORK ACADEMY OF MEDICINE.

General Meeting, Jan. 2, 1896.

Infantile Intussusception. A Study of 103 Cases Treated Either by Intestinal Distention or Laparotomy. Dr. Frederick Holme Wiggin read a paper with this title. He said that although the two methods of treating intestinal intussusception, intestinal distention and abdominal section had been centuries old, the comparative merits of the two modes of treatment were still in dispute. His attention had been specially called to this subject by a case occurring in his own practice, and although that one had been treated successfully by intestinal distention, further study had shown him that it did not deserve to be considered *the* method of treatment. Nevertheless popular opinion, both in the profession and among the laity, seemed to be that intestinal distention was safe, and often successful, and moreover that it did not interfere with the subsequent performance of abdominal section, should this seem to be demanded. Laparotomy, on the other hand, was looked upon as almost invariably fatal when done for the relief of intussusception in infants of a year or under.

One of the first facts that impressed the author in beginning this study was the meagerness of American literature as compared with the contributions from England. As the bulk of the paper contained matter only intended for reference, only a few illustrative cases were cited, and deductions drawn from their consideration.

Dr. Williams has reported in the *Lancet* for 1894, a case of intussusception occurring in a male infant of eight months, coming under observation on the first day of acute illness. There was a history of intestinal derangement for one week previous. Examination showed great abdominal distention, and a tumor. Inversion combined with massage, enemata and inflation all failed to give relief, and it was then decided to try the effect of generating carbonic acid gas within the bowel. To this end a solution of a drachm and a half of citric acid in eight ounces of water was injected into the bowel, and quickly followed by two drachms of sodium bicarbonate dissolved in eight ounces of water. After holding together the nates for several minutes, it was found that the tumor had disappeared. Vomiting ceased, and a natural dejection from the bowel occurred two days later.

In a case of ileo-cecal intussusception in an infant of eight months, reported by Dr. F. Taylor and Mr. Golding Bird, examination showed the presence of an abdominal tumor. The

child was seen on the first day of the disorder. The first attempt at inflation caused an apparent disappearance of the tumor but it returned some hours later. Under chloroform narcosis with an increased pressure, inflation was again tried, but without success, and the child died soon afterward. The necropsy showed the bowel still invaginated. The effect of forcible inflation with air was then tried, with negative result. By an injection of water, however, the ileum was reduced, leaving the colon still inverted. Examination showed that the colon was gangrenous, and that this enema had produced at several points rupture of the peritoneal and muscular coats of the bowel.

The next case of interest was one reported by Mr. Mortimer in 1891—an infant of eight months, coming under treatment on the fourth day of the disease. Examination under chloroform showed the presence of a tumor, but this examination produced collapse, and it was necessary to resort to stimulation before beginning treatment. After giving two enemata, consisting of about two ounces each, the tumor could no longer be felt. Opiates were then given. The tumor returned after two days, and again under chloroform, several larger enemata were administered under a pressure of three feet, but without producing more than a partial disappearance of the tumor. Two more enemata of a pint each were given at a lower pressure at intervals of a day, and a few hours after the second one, the infant died. The necropsy showed three ruptures in the descending colon.

Dr. Edward Deansley reported in the *Lancet* for 1894, a case of ileo-cecal intussusception in a female infant of seven months seen first five days after the protrusion of the bowel from the anus. The child had been sick for a month before this. On returning the bowel inside of the anus, the ordinary abdominal tumor became apparent. With the reservoir at a height of two feet above the patient, and the latter under an anesthetic, a pint of water was injected into the bowel, and the abdomen massaged. After this, the tumor could no longer be felt, and the bowels moved twice. On the following day, the child being quite drowsy, the opiate was discontinued, and that evening the vomiting returned, and the bowel once more protruded. At intervals of 24 hours it was twice reduced under chloroform, but the day after this second enema the child died. The necropsy not only showed the invagination still present, but demonstrated a very important fact, *i. e.*, that the reduction could have been readily effected by laparotomy.

Another instructive case has been reported by J. D. Mortimer in the *Lancet* for 1891. An infant of three months with intussusception was seen on the first day of the disorder, and was then vomiting and passing blood from the rectum. Rectal examination revealed a tumor. The tumor disappeared for

some hours after the inflation of the bowel, and then with the return of the symptoms of intestinal obstruction, the child passed into a condition of collapse, in which it died. At the necropsy the invagination was found unreduced. Under a pressure of two feet, an attempt was made to reduce the invagination by an enema, and in a few minutes this was effected with the exception of one inch of the ileum, the cecum and appendix. Not much more reduction took place when the pressure was increased to three or four feet, and in four minutes the colon ruptured just below the intussusceptum. It was found that the invagination could be easily reduced by manipulation from below without apparently causing any damage. It was thought, however, that owing to the swelling of the valve, rupture would have occurred had complete reduction been effected.

In connection with this subject of the pressure to be employed in carrying out this method of intestinal distention, the author called attention to the experiments of Mr. Mole, made in 1894 on some cadavers. He found that when one and a half pints of water were injected into the bowel under a pressure of one and a half pounds to the square inch—an elevation of the water reservoir of three feet—the liquid passed through the ileo-cecal valve, and that air could also be made to pass this point. This experimenter concluded: (1) That no harm could be done healthy intestine by enemata of fluids under a moderate pressure: (2) that hydrostatic pressure was more uniform, and therefore, less likely to cause rupture of the bowel; and (3) that over-distention was most likely to cause rupture of the transverse colon.

A rather remarkable case has been reported by Mr. Edmund Owen in the *British Medical Journal* for 1885. The patient was a female infant who developed an intussusception on the day of its birth, and who came under observation on the second. At this time under chloroform an enema was given, but with negative result, and the enema was repeated with like result on the succeeding day. Laparotomy was then done, and the first piece of small intestine presenting in the wound was seized, and an artificial anus established. No attempt was made to find the invaginated portion. The child lived six days, dying when nine days old.

In considering the foregoing cases, the author said that out of the 103 cases forming the basis of the paper, nearly fifty per cent. had occurred in the fourth, fifth and six months in about equal proportions, and in 89 per cent. the intussusception had been of the ileo-cecal variety. An interesting point in the etiology was the possible influence of external violence. Pritchard had called attention to the probable effect of carelessly carrying infants doubled up over the nurse's arm, and Jacobi had pointed out that the violent jumping up and down of fretful

infants was a not unlikely cause of intussusception. There had been nothing unusual about the symptomatology of the cases reported in the paper. Tenesmus had not been marked except in those cases in which the gut protruded from the anus—about five per cent. of the cases—or where the tumor was low down in the rectum. Cure by sloughing had only been met with twice. It was important to note that several observers had stated that unless *conjoined* abdominal and rectal palpation were resorted to, one might often overlook the presence of the characteristic abdominal tumor.

Of the 39 cases treated by intestinal distention, 23, or 59 per cent. were fatal. In the 16 successful cases, the average hour of beginning the treatment was the forty-first from the onset; in the fatal ones; it was the sixty-ninth. In one case, nine enemata were required to produce a permanent reduction of the invagination; in another, while the infant was under chloroform and inverted, it vomited and inspired the vomited matter, thus causing its death. In all the cases in this group there was the history of partial or temporary reduction, of uncertainty as to the result, and the necessity of repeating the treatment, and all the necropsies showed gangrenous and invaginated bowel, and lacerations of the intestine. Counting the cases also in which intestinal distention was practiced, but laparotomy was subsequently performed, the total number was 72. Of this number, the invagination could not be reduced in 54, or in 75 per cent. This would have representedthe mortality of this method of treatment had not other means afterwards been tried.

Battery and Mole, the speaker said, had shown by their experiments that when there was no obstruction, water under a moderate pressure could be made to pass the ileo-cecal valve, and Mole had proved that one pint and a half of water injected under a pressure of one and one-third pounds to the square inch into an infantile colon would fully distend it, and would pass the valve. Although he would not now advocate a resort to intestinal distention in the treatment of infantile intussusception, those who desired to try this treatment should remember that the best plan was to inject one and a half pints of tepid saline solution under a pressure of three feet, and if this first enema were not successful in reducing the intussusception, resort should be had at once to laparotomy. If it were apparently successful, then he would advise keeping the child by other methods than motion and the use of opiates, for the former might excite a return of the intussusception, and the latter would be apt to mask the symptoms of intestinal obstruction should the invagination recur, and thus valuable time be lost. It should also be remembered that there is always a lull of a few hours after practicing intestinal distention, whether the method proves successful or not. The chief advantage of this method had been aptly stated by Mr. Mortimer to be "the

slight parental opposition to its employment." Dr. Charles K. Briddon, of New York, had recently characterized the use of enemata in these cases as "simply trifling with a very grave condition, only to be combated by the institution of radical measures at the outset." Mr. Bryant had expressed it as his opinion that intestinal distention was always dangerous, and was "only justifiable within the first three days, and in cases not presenting symptoms of acute strangulation.

The author next considered the result of laparotomy in the treatment of the cases studied by him. Of the 64 cases so treated, 43, or 67.2 per cent. were fatal. In the 21 successful cases the average age was 6½ months, and the average hour of beginning this treatment, the forty-fourth from the onset of acute symptoms. In the fatal cases, the average age was five months, and the average hour, the one hundred and second. If the cases in which the operation was abandoned, and those in which the bowel was incised, or exsected were excluded, the result would be 45 cases with 24 deaths, or a mortality of 53.4 per cent. If in addition to this exclusion, we considered only cases occurring since 1889, or since the modern improved technique in intestinal surgery was generally practiced, there would be 18 cases with 4 deaths, or a mortality of 22.2 per cent. This, he thought, was a fair estimate of the risk of the operation at the present time, provided it were undertaken within the first forty-eight hours. In his opinion the best method of reducing the invagination was to encircle the tumor below its apex with the finger and thumb while the intussuscipiens or sheath was held a few inches lower down and the apex of the tumor pushed upward. Traction from above should be avoided. So far as he knew, there was no case on record in which the invagination had proved irreducible after laparotomy, but in the event of such a serious complication, he would recommend as the best method of dealing with it, that devised by the late Professor H. Widenham Maunsell. But such a condition should never be met with; it is the result of unpardonable delay.

In closing, the author expressed the hope that his study of this large number of cases might be the means of convincing both the profession and the laity that an acute intussusception was after all only a form of strangulated hernia, that the subacute variety was in effect an irreducible hernia, and that while intestinal distention was always uncertain, unreliable, and not especially free from danger, laparotomy if done within the first forty-eight hours should yield at the present time 78 per cent. of recoveries.

Dr. A. Jacobi said that many cases of intussusception were not published, and hence it was only from the statistics of cases actually operated upon that we could compute the mortality. He had long been of the opinion that a large proportion of these cases were preventable, for many of them gave a previous

history of long-standing constipation or diarrhea. The constipation by causing severe straining might lead to intussusception, and chronic diarrhea by producing a thickening and stiffening of the deeper tissues of the bowel might lead to the same condition. He thought that in using intestinal distention, the best results would be obtained from injecting the fluid under a pressure of not more than one foot or one foot and a half, as in this way danger of injuring the bowel was avoided, and more fluid could be made to enter. If not successful, however, this treatment should give way within a very few hours to abdominal section. He had always been in the habit of giving opium to infants after the reduction of the intussusception, and he felt that this tended to prevent a recurrence of the trouble by keeping the child quiet.

Dr. B. Farquhar Curtis said that in 1887 he had collected some statistics, from which he had found that the mortality from operations for intussusception in both infants and adults, was 76 per cent. Additional statistics had more recently cut this down to 58 per cent., and this improvement he attributed not to any great change in technique, but to an earlier resort to operation. He doubted very much if the mortality now was only 22 per cent. It was well to have both surgeon and physician see these cases of infantile intussusception from the outset as by such joint observation the case could be much more intelligently treated. In cases having a very acute onset, laparotomy should be done at once without wasting precious time in trying intestinal distention. But it should not be understood that no relapses followed laparotomy; a number of such recurrences had been recorded. Where injections were employed, the "head" of water should not exceed three feet, they should be given with the patient anesthetized, and not more than a pint of fluid should be injected at one time. Between each injection the operator should carefully search for the tumor and determine whether or not there had been any reduction. In performing laparotomy in infants, a very small incision was sufficient; the operation should be done speedily; the intussusception should be reduced within the abdomen; and every precaution should be taken to preserve the body heat.

Dr. J. Lewis Smith said that one should be able to differentiate between dysentery and intussusception within thirty-six or forty-eight hours. In the former the stools contained some fecal matter in addition to blood and mucus, but in intussusception there is an entire absence of fecal matter after the first few hours. In his experience with intussusception among children between six and twelve months old, there had not often been a history of long-continued illness, such as diarrhea.

Dr. R. Van Santvoord said that as some considered that the ordinary colic of infancy was due to slight and recurrent intussusceptions, the importance of controlling the violent action

of the bowel in such cases by opiates or similar means was apparent.

Dr. Wiggin, in closing the discussion, said that the serious results of delay were well shown by a comparison of the stages at which the successful and unsuccessful cases were subjected to treatment, whether that was by intestinal distention or by laparotomy. An incision of one and a half to two inches was ample, and the invagination should be reduced within the abdomen. He did not believe that in infants, at least, a recurrence of the invagination after laparotomy was at all common.

BOOK REVIEW.

Therapeutics of Infancy and Childhood. By A. Jacobi, M.D., *Clinical Professor of the Diseases of Children in the College of Physicians and Surgeons (Columbia University), New York.* 518 pages. (Phila., J. B. Lippincott Company, 1896.)

THE author aims to give a compact picture of the therapeutics of infancy and childhood; and every general practitioner should obtain this valuable contribution to pediatrics.

A large part of the work is devoted to diet and hygiene, but a good deal is also given to the consideration of the action of medicines, for Jacobi believes in medicines when employed with skill and experience. Particular pains are taken to offer clear, though brief, statements of differential diagnoses, and in view of what is included in the frame of this volume, it might claim the name of text-book.

NEW BOOKS.

Mentally Deficient Children: Their Treatment and Training. By G. E. Shuttleworth, B. A., M. D., *Late Medical Superintendent, Royal Albert Asylum, for Idiots and Imbeciles of the Northern Counties, Lancaster, etc.* Six plates and five illustrations in the text. 140 pages. (London, H. K. Lewis, 1895.)

Die Diphtherie, ihr Wesen, Ursache und Bekämpfung mit Berücksichtigung der Therapie, insbesondere der Serumtherapie (Antitoxin-Behandlung). Von Dr. Bruno Schürmayer, *Hannover.* 131 pages. (Lepzig, B. Konegen, 1895.)

Studien über Klinik und Pathologie der Idiotie nebst untersuchungen uber die Normale Anatomie der Hirnrinde. Von Dr. Carl Hammarberg. Seven plates, 127 pages. (Upsala. Edv. Berling, 1895.)

ABSTRACTS.

CHRONIC ALCOHOLISM IN A SIX YEAR OLD CHILD.

Coulon (*La Medecine Infantile*, 1895, ii, 638) reports the case; the child, a girl, was born when the mother was 48 years old, and the family history was alcoholic. She was brought up on the bottle and at the age of four years was put out to board for 18 months. During this time she was taught to take coffee, wine and cognac regularly. On her return home she was found to be emaciated, without appetite and subject to frequent daily attacks of vomiting and to constant abdominal pains, sometimes of extreme intensity. Immediately, alcohol was almost entirely stopped and certain nervous symptoms developed which resembled delirum tremens, fits of anger, agitation, profuse sweating, attacks of unconsciousness and again of unreasoning fear.

There was also a persistent diarrhea associated with tenesmus. Dilatation of the stomach was present but no other organic changes could be detected.

TWO CASES OF DIPHTHERIA TREATED BY SERUM AND FOLLOWED BY DEATH.

Poussard (*La Medecine Infantile*, 1895, ii, 634) reports two cases. One, 2½ years old with naso-pharyngeal disease received 20 c. c. on the second day and 10 c. c. five hours before death which took place on the third day. The second, also 2½ years old with naso-pharyngeal affection received 20 c. c. on the third day and 10 c. c. more on the following day. The membrane disappeared entirely but the child died three days later of meningitis.

NOTES ON THE PATHOGENIC FORMS AND SURGICAL TREATMENT OF HYDROCEPHALUS.

D'Astros (*La Medecine Infantile*, 1895, ii, 603) points out that in congenital hydrocephalus accompanied as it usually is by malformation of the brain, surgical treatment is useless.

In hydrocephalus due to intra-ventricular changes brought on by hereditary syphilis puncture may afford relief during the curative action of specific treatment. In hydrocephalus due to cerebellar tumors puncture is useless. Hydrocephalus may also be internal, taking its origin in a lesion of the striate nucleus, or external, starting in a hemorrhagic meningitis; clinically the two cannot easily be differentiated, but examination of

the fluid in the former case shows that it is characterized by a small amount of albumin and a large amount of sodium chloride.

In all cases, therefore, in which the origin of the fluid is uncertain, the author recommends exploratory aspiration and analysis of the fluid withdrawn; if the fluid is thus shown to come from the ventricles, operation is contra-indicated; if from the subdural space, operation is indicated.

NEW INTUBATION APPARATUS.

Egidi (*La Medecine Infantile*, 1895, ii, 631) describes certain modifications in O'Dwyer's apparatus.

1. The obturators and introducer are made tubular in order that the air may pass through them during the introduction and by the sound of the passage show that the tube is in the right place.
2. One instrument serves for introducer and extractor, the jaws being closed when introduction is performed.
3. The sliding gear used to detach the tube when the latter is in the larynx is omitted and the tube is required to be held in position by the finger of the one intubating.

THE TREATMENT OF PERITYPHLITIS IN INFANCY.

Arthur Schlossmann, of Dresden, (*Munch. Med. Woch.-Am. Gyn. and Obstet. J.*, 1895, vii, 689) while admitting that the general outline of the treatment of perityphlitis in infancy differs little from that of the adult, asserts that the general course of the disease and the effect of therapeutic measures is worthy of consideration. At the present time much interest has been directed to this disease because of the active surgical procedures that have been advised for its relief. From time to time cases come under observation that have done badly through medical treatment. Recently Schafer reported a case from Saltmann's clinic in which he justly thinks that perforation of the processus vermiformis, as well as the secondary breaking through of the abscess into the abdominal cavity, was caused by the purgatives and enemata given prior to his admission to the hospital. The author has observed a case in a boy of five years and a half to whom had been given ten doses of calomel of one-tenth of a gramme to relieve the existing constipation.

An early diagnosis is essential. If the symptoms are well pronounced this is easily done, but frequently the premonitory signs are difficult of interpretation. Anorexia, vague pains in the abdomen, vomiting, mild diarrhea or constipation, with slight rise of temperature, may be observed in cases with mild invasion. According to Matterstock, in about thirty per cent. of cases the invasion may be called subacute. In these cases careful abdomi-

nal palpation will generally give some information. In all cases presenting indefinite gastric symptoms our attention should be directed to the iliac fossa. If palpation in that region causes increase of pain, or a suspicious resistance be felt, then great caution should be taken in the treatment of the case. In those infants who offer resistance to examination by crying and rendering tense the layers of the abdominal wall the difficulties of diagnosis are considerably augmented.

If perityphlitis be present or is suspected, the intestines should be kept as quiet as possible in the hope of arresting the inflammatory process and of aiding the formation of firm adhesions, thus forming a local abscess instead of causing a general peritonitis.

In childhood necrosis and gangrene of the vermiform appendix occur more frequently and with more rapidity than in adults, as is pointed out by Matterstock and Parker. For fear of causing paralysis of the intestine or inflammation in the attempts to remove the fecal masses, the use of purgatives and enemata should be prohibited. Opium is indicated. Opinions differ as to the dose that is necessary to quiet the intestines. Because of the well-known susceptibility of children to opium it should be given with great caution, and yet it is necessary in this disease to give doses approximating the toxic limit. It is singular that in inflamed and irritated conditions of the peritoneum opium is well tolerated. The author has been unable to find any record of a case of perityphlitis where alarming symptoms have been produced by opium. It should be given until the pain is removed and the child is upon the verge of narcosis. This is the more important because the child is apt to be very restless, and will do itself harm. The fear that harm might come from the obstinate constipation induced by opium is unjustified, because stools often occur suddenly notwithstanding the administration of opium, and if this does not occur constipation lasting several days is not dangerous. If vomiting occurs, the treatment is much more difficult. The medicine may be given with ice or with the addition of a drop of the oil of peppermint. If these means fail, the subcutaneous injection of morphine has been recommended, but with this method the danger is greater and it is not so efficacious as the administration of opium.

Absolute rest must be enforced and cold applications applied. In order to further prevent peristalsis all food has been withheld, but experience teaches us that children waste very rapidly, and as it is necessary to preserve their strength, especially in the event of an operation, this does not commend itself to us. Nourishment should be given in a concentrated fluid form, and in small repeated doses. In these cases alcoholic stimulants should be withheld because of their tendency to increase peristalsis.

At the last Congress for Internal Medicine all agreed that

the *ultima ratio* was a surgical procedure, but as to when the knife should be employed there was difference of opinion. In view of the rapid course run by perityphlitis in infancy, the author is inclined to the early operation.

SHALL WE CONTINUE TO STERILIZE MILK FOR INFANTS?

Dr. Benjamin Lee (Letter to the *Journ. Am. Med. Assc.*, 1895, xxv, 1145) says that we are too much in danger at the present time of forgetting that there are other causes of disease than micro-organisms. The possibility that the exclusive use of sterilized milk as a food for infants, while it would avoid the dangers arising from the occasional presence of the bacteria of typhoid fever, tuberculosis and other infections, may prove a serious obstacle to assimilation and nutrition, and thus lead to the development of rachitis, scurvy and other allied conditions of mal-nutrition, was pointed out by him in a paper read before the meeting of the American Orthopedic Association, at Washington, D. C., May 30, 1894, on the subject of rachitis.

Prof. A. Jacobi, in the leading article of PEDIATRICS, for January 1st, 1896, in which he reviews the question of infant feeding at length, while urging the importance of the sterilization of milk in the strongest possible terms, yet calls attention to the fact that "sterilization has been claimed to be no unmixed boon because of its changing the chemical constituents of milk."

In speaking of the method of Dr. Rotch, which consists in sterilization, mechanical separation in order to remove impurities, and remixture of the milk and cream, he says: "I know of a number of babies who in health and disease have done well on the protracted use of the laboratory milk. Only one observation struck me in a few cases. The formation of the muscles and part of the bones appeared to be slow, the teeth came a number of weeks or even months too late, the cranial bones turned slightly soft in a few instances. In a few such cases I had to add animal broths or juice before the usual time; in one I tried phosphates (elixir phosphori), which was rejected, in others it was well borne and useful."

Jacobi in a foot-note ventures the prediction that "before long more than to-day cereals must be given to make teeth when milk food alone does not suffice for their development."

His own advice to mothers unfortunately compelled to nourish their infants artificially, if they are able to obtain pure milk, from cows of authenticated good health, and from dairies where proper sanitary precautions are known to be taken, and are able to use the milk within twelve hours after milking and after very limited transportation, is that they should keep the milk in hermetically sealed jars and in a cool temperature, but should not subject it to Pasteurization, sterilization or boiling. Under other conditions namely those of protracted transportation, prolonged exposure to high temperature, ignorance of the conditions

of health of the cow or of cleanliness of the dairy, they should resort to boiling in preference to sterilization or Pasteurization. It is possible that the boiled milk will tend somewhat more to induce constipation than will the sterilized milk, but this is a trifling objection which can easily be met.

NOTES ON FIFTY-TWO CASES OF HEREDITARY SYPHILIS.

Moussons (*La Medecine Infantile*, 1895, ii, 610) reports in detail certain rare manifestations in a large number of cases of hereditary syphilis. He notes that he has never seen in this class of cases a roseola; pemphigus, which is usually present at birth, appeared in one case first on the fifth day; the annular form of the maculo-papular syphilide was seen twice and the so-called palmar and plantar psoriasis once; gumma of the skin, an extremely rare lesion, appeared as small, hard, slightly elevated, indolent masses of a violet color which ulcerated and left permanent cicatrices. They were found chiefly on the buttocks, thighs and legs. A variety of alopecia evident as retarded growth of normal hair was frequent. Coryza was a symptom in every case. In one child scars of old fissures completely encircled the mouth making a real stenosis. Usually scars were found only at the angles of the mouth.

Swollen glands were not rare but appeared when there was a local lesion in the neighborhood. Parrot's pseudo-paralysis was noted twice and in spite of the well-known gravity of the affection both cases responded well to treatment. The author declares that he has not yet observed a single example of Hutchinson's teeth and apparently doubts their significance. Among visceral lesions he has found enlargement of the liver in two cases, and orchitis in three. He also reports one case of albuminuria which he thinks due to some undetermined syphilitic change in the kidney. One case of syphilitic laryngitis with threatened stenosis was interesting on account of the rarity of that lesion in the hereditary form.

In conclusion, the author insists on the necessity of energetic and rapid treatment, speaks highly of inunctions, and considers nurishment at the mother's breast as of the highest importance.

NEPHRITIS AS A COMPLICATION OF INTESTINAL CATARRH IN INFANTS.

Seibert (*N. Y. Med. Monatsch'f't.*, 1895, vii, 405) calls attention to the frequency of nephritis as a complication of intestinal catarrh in infants. He found that in all the cases observed by him, when fever was present longer than three days, the urine contained albumin.

The author goes on to give, in a rather interesting way, the symptomatology and treatment, but brings, with the above exception, nothing new.

ATTACKS OF STRIDULOUS LARYNGITIS COINCIDING EXACTLY WITH THE APPEARANCE OF CERTAIN TEETH.

Coulon (*La Medecine Infantile*, 1895, ii, 643) reports that three to seven days before the appearance of the first tooth, at eight months, of the inferior canines at nineteen months and of the last molars at twenty-four months, there were attacks of false croup coming on in the middle of the night and lasting a few hours. Constipation followed by diarrhea also usually preceded by a few days the cutting of every tooth.

ABSCESS OF THE LIVER IN CHILDREN, WITH REPORT OF A CASE OF AMEBIC ABSCESS.

R. M. Slaughter (*Va. Med. Month.*, 1895, xxii, 722) reports a case of this rare disease in children and bases his article upon a study of the records of thirty-six reported cases. Thirty-four of these cases were collected and analyzed by Dr. Musser, and seem to have been all that he was able to find in the available medical literature of German, French, English, and American writers. Since the publication of Musser's article, two additional cases have been reported one by Monnier, in France; the other by Pereira, in India.

Of these thirty-six cases, nine occurred in Great Britain, twelve in Germany, seven in United States, which, with his own case, makes eight, four in France, two in India, and one each in Austria and Africa. It is remarkable that so few cases are reported from India, Africa, and other tropical regions, in which abscess of the liver is so common in adults.

The average age of occurrence was a little less than nine years. The youngest was an infant of one year; the oldest fifteen years old. Of the cases in which sex is given, thirty-six in number, twenty were boys and sixteen girls.

Causation.—Injury is the assigned cause in nine cases. In the majority of these it is by no means proven that the abscess was attributable to the injury. The next most frequently assigned cause is round worms, which have migrated from the intestine into the bile ducts, and there set up an inflammation. In five cases, the ascarides seem to have been the undoubted cause, as they were found, after death, in the abscess cavity or in the liver tissue. In the remaining cases the abscess was secondary to a pylephlebitis in four cases, to an umbilical phlebitis in one, to pyemia in two, to dysentery in three, to pelvic peritonitis, perityphlitis, malarial fever and tuberculosis of the lungs in one each.

Medical literature does not contain the record of a single case of abscess of the liver, in a child, which has been demonstrated to have been of amebic origin.

Amebic abscess of the liver is one in which the destruction of the liver tissue and the formation of the abscess is due to the *Ameba coli*, a low form of animal parasite. This parasite finds its way into the human body by way, most probably, of drinking water, and makes its habitat in the colon, where it produces a dysentery known as amebic, in contradistinction to the ordinary catarrhal dysentery. From the colon the amebae migrate into the liver or lung, or both and set up abscesses.

The history of his case is as follows: B. R., aged seven years, a frail colored boy, had, during the latter part of September, 1894, a slight attack of dysentery. Upon his return home he complained of diarrhea and loss of appetite, from which he rapidly recovered after taking calomel followed by castor oil and a tonic. Three months later he had an attack which resembled varicella, and ten days after the onset of this cutaneous eruption he began to complain of abdominal pain. There was no marked tenderness on pressure, but the tongue was coated and there was fever.

For the next ten days, there was a steady increase in the severity of his symptoms. His temperature was always high—from 103° to 104°F. The pain increasing in severity, was soon referred to the hepatic region, and there was marked tenderness on pressure over the liver and right iliac fossa. So severe was the pain, that the child slept neither day nor night, except when under the influence of opiates, and, as a rule, colored children are little susceptible to pain. The bowels moved from three to five times in the twenty-four hours. Urine increased in quantity and in urates, otherwise normal. There was no jaundice. Pulse was quick, weak and small. Emaciation and loss of strength were very rapid.

The right lobe of the liver rapidly increased in size, so that, by the 28th, there was perceptible bulging of the ribs, and the lower border could be easily palpated beneath the ribs. On the 29th, fluctuation was apparent, and was most distinctly felt in the lumbar region. During the afternoon of that day, the abscess was aspirated and about six ounces of thick, viscid, chocolate-colored matter was withdrawn. Microscopic examination of this matter showed many red blood cells, some pus corpuscles, and amebae coli.

On the 2nd of February he opened the abscess. A quart or more of a greenish gray-colored matter, containing quite large masses of necrotic liver tissue, was discharged, and the cavity irrigated with one-half per cent. solution of formalin. A large drainage tube was inserted, and the dressings applied.

With the exception, however, that his temperature fell two or three degrees, and that he rested more comfortably, the patient did not improve. Two or three days before his death, the right parotid gland became tender and swollen, and an abscess threatened, but, up to the time of his death, no pus

could be detected. Growing steadily weaker, he died on the night of the 7th of February.

The autopsy showed the liver enormously enlarged, the right lobe the seat of a large abscess. No healthy liver tissue. Left lobe studded throughout with small areas of necrotic tissue. Microscopic examination showed amebae in abundance, as well as characteristic degenerative changes described by Councilman and Lafleur.

EXCISION OF A TUBERCULAR ELBOW IN A CHILD.

Milliken (*N. Y. Med. Journ.*, 1895, lxii, 647) reports a case of tuberculous elbow in a child five years old, which had resulted in anchylosis and sinuses. An excision of the joint cured the disease and restored motion. From his experience he concludes: 1. Excision of the elbow for tuberculous disease complicated by anchylosis and sinuses, to be effective, must be complete. 2. The single posterior incision is preferable even in complicated cases. 3. When possible, the operation should be done subperiosteally, which gives a stronger joint, as all the ligaments are left intact and the subsequent hemorrhage is lessened. 4. Gentle passive motion at regular intervals is essential to the restoration of motion. 5. Cases of excision of the elbow should be under the surgeon's care for six months at least after operation to insure the best results.

THE AUSCULTATION OF JOINTS.

Sir Benjamin Ward Richardson, who has made a practical study of the subject, states that auscultation is quite as useful in joint affections as it is in affection of the lungs, but that it requires to be learned in its details before it can be fully applied. (*Asclepiad*, 3d quarter, 1894–5.) Joints that are healthy must be auscultated as well as joints that are diseased, and the latter, in turn, must be auscultated and learned according to the kind of diseased condition that may be present. Distinction must also be made between the sounds that arise from the friction of bones in their sockets and upon each other. For conducting this kind of examination the double stethoscope is the best, but he sometimes uses the simple differential stethoscope which consists of two single-mouthed tubes quite separate, the ear-pieces of which can be adapted to each ear. The mouth-piece should not be large—three-quarters of an inch in diameter is sufficient—and it is advisable to have the mouth-piece covered at its edge with India rubber, so as to avoid external friction. If the double stethoscope be not at hand the ordinary wooden instrument will suffice; but the advantage of the double one is that it enables the operator to manipulate the joint and bend it without the aid of an assistant, although the latter is alway of service.

When a joint is quite healthy and the person auscultated is young there is practically no sound or movement whatever. No sound will be heard, except a very gentle soft friction sound, if the movement be made in such a manner as to bring the end of the movable bone with some force into collision with the joint or bone that opposes it in the socket. When a sound is produced it may be called a cushioned sound, and it ceases the moment the action that produced it is slowly carried out without pressure. A very little derangement within the joint itself —less than a friction that produces impediment of motion, much less than an impediment that gives rise to pain—leads, however, to sounds that are distinguishable, the abnormal sounds increasing in degree as the impediment within the joint is intensified or modified. There are, at least, five modifications of joint sounds; they may be defined as: simple dry friction sound; dry grating sound; coarse grating sound; moist crepitant sound; and coarse crepitant sound. *Univers. M. J.*, 1895, ix, 314.

DEFECTIVE HEARING IN SCHOOL CHILDREN.

In an annotation the *Lancet* for Nov. 23rd, 1895, draws attention to passages on defective hearing in school children in Wehner's book on school hygiene. In the schools of Stuttgart, Weil found that 35% of the children had some defect of hearing and Moure among the school children of Bordeaux found 17% affected. The subject is of importance in every country, not only from the children's, but from a national point of view, and every one must agree with the *Lancet* in thinking that it furnishes an argument in favor of having Medical Inspectors who would examine the children with regard to defects in hearing and also in other matters such as ocular troubles and hygienic surroundings. Adenoid growths are responsible for the majority of aural diseases in children and the importance of treating them in an early stage cannot be over-estimated. Many troubles, besides defective hearing, can be directly traced in after life to adenoid growths all of which troubles could have been averted by a timely and simple operation in childhood. Otorrhea has not even yet been properly recognized as a menace to hearing and life by the general public, especially among the poorer classes. The appointment of Medical Inspectors for our Board Schools would be of the greatest benefit.

PSEUDO-LOBAR BRONCHO-PNEUMONIA; TREATMENT

Dr. G. Marfan (*Gazette méd. de Paris*, 1895, No. 41, p. 1895) who writes voluminously and well concerning the diseases of children, states that there are four indications to be filled in the treatment of this condition, which is simply one of broncho-pneumonic infiltration of approximately an entire lobe.

The first indication is to prevent infection from the upper

air-passages from aggravating the condition of the pulmonary area of involvement, namely, by antisepsis applied to the nasal passages and throat. For the nose he prescribes:

Vaselin	30.	gme.
Boric Acid	5.	gme.
Camphor	0.050	gme.

To be applied to the inside of the nose twice daily.

For the mouth and throat:

Carbolic Acid	1.	gme.
Thymol Sodé	0.50	gme.
Glycerin		
Alcohol	āā 25.0	gme.
Distilled Water	450.0	gme.

With this the throat and mouth are to be cleansed, especially about the teeth.

Second.—Combat asphyxia: (*a*) by emetics (these are not now favored in the United States); (*b*) by diffusible stimulants, which the author himself prefers:

Ammonium Acetate	1.50	gme.
Sodium Benzoate	0.50	gme.
Brandy	8 to 10.00	gme.
Syrup Tolu		
Water	āā 45.00	gme.

A dessertspoonful every one or two hours, according to age.

A good revulsive is the mustard-bath for five minutes. Blisters are rarely to be used, and never until late in the disease.

Camphor gives excellent results where intense hyperemia of the lung exists—

Benzoic Acid	0.15	gme.
Powd. Camphor	.03	gme.

Given at each dose in milk.

Camphorated oil can be used hypodermatically.

Third—Cardiac asthenia is to be met by the tincture of digitalis by the mouth, or caffeine subcutaneously.

Fourth—When with signs of general toxemia, there are no other physical signs than those in the lung, one may give cool baths every three hours to reduce the temperature and quiet the nervous system.—*Am. M. S. Bull.*, 1896, ix,41.

ADENOID VEGETATIONS.

Meyer, of Copenhagen, who recently died, made investigations concerning adenoid vegetations in different races and in various parts of the world (*Hospitals-Tidende*, Nos. 6 and 7, 1895, and *British Medical Journal*, Dec. 14th, 1895) and came to

the conclusion that warm climates are not so favorable to the growth of adenoids as are cold. Among 60 Esquimaux children, between the ages of 6 and 14 years, Dr. Helms found them present in 44. In North Dakota, Dr. Quarry found them frequently in the native tribes of Indians. Dr. Cantlie, of Hong Kong, reported their frequency among the native Chinese of the Mongolian race. Dr. Demitzer found them rarely among the Siamese. In the Dutch Indian Colonies at Singkil, on the northwest coast of Sumatra, of 113 natives, only 3 were affected; in the Island of Amboika, among 326 children, 2 boys had them, and in the Island of Sapporo, only 5 were affected out of 717 children. Meyer also studied busts and portraits in the different European collections and found facial evidence, as far back as Roman art goes, of the presence of adenoids. The portraits of Canova, the sculptor, show that he was a sufferer in a marked degree.

OTITIS MEDIA AS A COMPLICATION OF PNEUMONIA.

F. B. Ball (*Med. News*, Sept. 21, 1895) deals with the cases of broncho-pneumonia in children, complicated with cerebral symptoms, such as headache, vomiting, delirium, restlessness, fever and coma, which suggest meningeal inflammation, but which are really due to middle ear inflammation. He alludes to the investigation of Rasch, of Copenhagen, who found in 65 autopsies of children under two years of age, suppurative disease on one or both sides in 46, and catarrhal lesions in eight. Nearly all who died of broncho-pneumonia showed otitis, the pneumococcus being found in the great majority. Many had had symptoms of meningitis, no trace of which could be found. Perforation of the membrane was found in only four cases. Ball relates three cases in illustration, and in discussing the clinical features which assist in diagnosis, he relates that the pupils may sometimes be contracted, at other times dilated, but both equally. The deafness is likely to precede the coma, whereas in meningitis the deafness is in direct proportion to the depth of the stupor. The pain is usually referred to the ear, or the side of the head in ear trouble, but is general in meningitis. He very properly insists on examination of the membrane in these cases, and on prompt surgical treatment when it is found necessary.

TUBERCULOUS DISEASE OF THE MIDDLE EAR.

At a meeting of the Manchester Medical Society (*Brit. M. J.*, Dec. 21, 1895) held on December 4th, 1895, Milligan emphasized the following points as regards diagnosis. Insidious onset unaccompanied by pain, the presence of a perforation in the centre of a pale edematous membrane, enlargement of cervical glands, and early facial paralysis.

To obtain positive evidence of the presence of tubercle, if a mastoid operation is necessary, he inoculates guinea-pigs subcutaneously with scrapings of the diseased bone. Evidence of the tuberculous nature of the disease being present in the liver, glands, etc., of these animals when they are killed in from two to five weeks from the time of inoculation. He thought the prognosis was extremely grave in young children, and insisted on thorough removal of all diseased parts.

IDIOPATHIC ENLARGEMENT OF THE SPLEEN, WITH RECURRENT ATTACKS OF PURPURA.

Hawthorne (*Glasgow M. J.*, 1895, xliv, 354), says that chronic enlargement of the spleen is a not uncommon event in a number of diseases to which children are liable, and its association with leucocythemia, lymphadenoma, malarial infection, amyloid disease, and cirrhosis of the liver is generally recognized. It may also be present with the signs of inherited syphilis, and it is not infrequent to find it together with evidences of rickets. In the case recorded below, whilst splenic enlargement, both in duration and degree, is the leading clinical feature, there is an entire absence of all positive evidence to support a diagnosis of any of the above-mentioned conditions.

K. I., now 11 years of age, was brought to the out-patient department on account of general failure of her health and of a swelling in the abdomen. She had been an exceptionally healthy child until September, 1891, when she had an attack of influenza. This was followed by jaundice and suppuration of the cervical lymphatic glands, her illness confining her to bed for nearly four months, and in the early part of the winter of 1892-93 had an attack of purpura, which was confined to the lower limbs; there were no discharges of blood except slight bleeding from the gums. In January, 1893, her mother noticed that the abdomen was swollen. At an even earlier date the child had been subject to occasional diarrhea, but there had never been any vomiting or complaint of abdominal pain. Physical examination at once revealed very considerable enlargement of the spleen, the lower or anterior extremity of the organ reaching almost to the middle line in front, and the inferior border descending to a line about 1 inch above the left iliac crest. Percussion placed the upper border, in the mid-axillary line, at the fifth rib. The tumor had a perfectly smooth surface, and was quite free from tenderness. On examining the hepatic region, the liver appeared to be slightly enlarged and its tissue unduly firm. Thus, the sharp anterior edge of the organ was felt below the costal margin, and was more definite and pronounced than is normal. The heart and lungs, to physical examination, were normal, and the the urine free from albumin and sugar. The blood showed a

few small-sized red corpuscles, but no increase in the number of white corpuscles: hemoglobin, 50 per cent.; red corpuscles, 65 per cent. The general appearance of the child suggested languor, and there were evidences of anemia, the skin generally being pale with a faint sallow tinge; gums not spongy nor excessively vascular, but the lower incisor teeth were loose, and on moving them there was some inclination of the neighboring gum to bleed. Odor of breath very disagreeable. No retinal hemorrhages. No suggestion of rickets or of inherited syphilis in any part of the body, and no enlargement of superficial lymphatic glands other than a few firm glands near each angle of the jaw. On three occasions (in addition to the above) she has suffered from purpura. She has now recovered from the immediate effects of this, and though pale, appears vigorous and active. It may be mentioned that the child's home conditions are favorable, and there is no ground for suspecting the existence of a scorbutic element in the case.

Treatment, as far as the splenic condition is concerned, has been quite unavailing, but the general condition of the child has always improved after residence at the coast, and iron and arsenic in full doses have appeared to exercise a beneficial influence. For the most part, anemia, since the child has been under treatment, has not been a prominent feature of the case, the blood usually showing about 70 per cent. of hemoglobin. Similarly the state of the general nutrition is, and has been, fairly satisfactory.

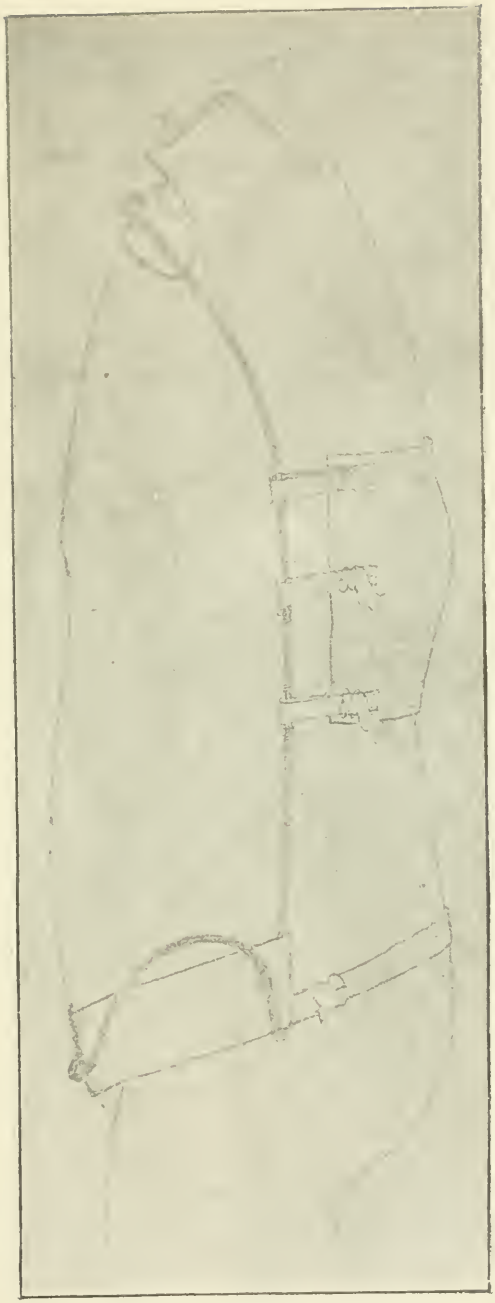
SPINE BRACE.

This brace was designed by Hoadley (*Journ. Am. M. Assoc.* 1895. xxv. 898) for the mechanical support of the middle region of the spine.

In its simplest form the brace consists of a steel frame, a rigid chest pad and two aprons. The chest pad is adjusted in contour to fit the upper anterior portion of the chest. The pad should be in length about three times its width and adjusted transversely, resting immediately below the sterno-clavicular articulations. Its real length transversely should be as long as practical without being interfered with by the action of the pectoralis major muscles, in the movement of the shoulder. It should be made of sheet metal hammered to give shape and rigidity, covered and lightly padded.

The frame consists of one piece of light round rod steel, from three-sixteenths to five-sixteenths of an inch in diameter, so shaped that it crosses the body above and below and lies parallel with, and in close proximity to each side on a line with the axilla; the ends are welded or brazed where they meet, making it one continuous piece.

The frame consists of four portions—an upper, a lower and



Hoadley's Spine Brace.

two lateral portions. The upper and lower cross in front of the chest and pelvis respectively, and no portion of the frame passes behind the body. The upper portion of the frame arches upward and forward from a short distance below the axillary space on one side, crosses the chest pad, and then downward and backward to a corresponding point on the opposite side, where it becomes continuous with the lateral portions. There is no fixed point to indicate where the upper and lateral portions come together; a gentle reverse curve marks the place. The lateral portions are so adjusted as to lie close to the sides, a little nearer the posterior than the anterior aspects, and extend from below the axilla to the space just behind the anterior superior spine of the ilium, below the crest and above the trochanter major. In children, this portion is practically straight, while in adult females they bend in at the waist line and then arch out over the more or less prominent hips, but remain straight in the antero-posterior directions unless some deformity requires a change in this shape.

The lower portion is simply to connect the two lateral portions across the body at their lower ends and hold them rigid relative to each other. In the adjustment of this portion, however, there are some difficulties; for if we extend it straight across from the lower end of one lateral portion to the other, it would prevent the flexion of the thighs, and then again if we arch it up over the thighs it would cross the body above the umbilicus and very materially interfere with the clothing at the waist. And to cross behind the body would be still more objectionable, as the patient would then have to lie upon it and it would be more difficult to put it on and take it off; so it must take a somewhat tortuous course and cross in front, by avoiding those places where its presence would be objectionable. This is accomplished by having the lower portion turn sharply upon the lateral portion which it is to follow a short distance and then arch it over the flexed thigh and then depress to, or very near, the pubis, to some extent, following the fold of the groin in the direction of Poupart's ligament and as close as possible, having in mind that when the finished brace is applied no part of the frame touches the body, but lies very close to it at all points.

The upper portion of the frame rests by its central portion upon the center of the chest pad, to which it is secured by a double acting joint so that the pad may adjust itself to the chest.

The lower portion of the frame is prevented from touching the body and given a fixed point by an apron made of two thicknesses of canvas from two to four inches wide, according to the size of the brace, between the layers of which a few whalebones have been inserted vertically to prevent rolling. The apron is secured to the lower extremities of the lateral por-

tions of the frame by its ends, and at such an angle that its direction from its attachment toward the center shall be downward, or, in other words, the upper margin of the apron at its attachment shall be the longer one, otherwise the tendency will be for the apron to slide up across the center of the abdomen. This apron should be just long enough to keep the lower part of the frame from touching the body. If properly adjusted it will pass across the lower part of the abdomen very close to the pubis, and upon each side will include, and remain below, the anterior superior iliac spines which constitute the lower fixed point of the frame.

To complete the brace of simple form it is only necessary to attach the second apron or back band. This second apron, which is to extend from one lateral portion of the frame across the back to the other, is to be also of double thickness made in shape to fit any angular deformity. It should be from three to six inches wide without whalebones. One end is to be permanently fastened to one lateral portion of the frame, at a position opposite that portion of the spine to be supported; the other end is to be provided with two or three straps with buckles with which to buckle it to the opposite lateral portion of the frame. Thus completed, we have a spine brace of the simplest possible construction, the smallest amount of material, and at the same time providing for the fixation of the three points relative to each other, in a most positive and efficient manner. The upper front part of the chest, the pelvic bones below and the weaker portion of the spine behind are retained in a relative position to each other with positive certainty. Positive, because these are parts of the framework of the body that have a certain relative stability to each other, and between which all of the deformities in caries of the spine in this region occur. These are the points, and the only points, where definite and reliable resistance to deformity can with certainty be applied and maintained.

The foregoing description of the brace, together with the description of its applicability, refers only to the brace in its simplest form and to diseased conditions of average severity with but moderate deformity.

The brace, however, is susceptible of many modifications and the addition of many accessories to meet the requirements of varying diseases and deformities, without losing the original principles of construction.

A CASE OF BRONCHO-PNEUMONIA IN THE NEWBORN.

Hemenway (*Med News*, 1896, lxviii, 72) reports a fatal case of broncho-pneumonia in a newborn child. The child was born asphyxiated and it did not breathe for half an hour after birth. The case illustrates: 1. That inflation by expired air may succeed when other methods fail. 2. That the method is

dangerous because of the ease with which mechanical injury may be done in spite of care. 3. That the method may be dangerous because of the possibility of infection.

He did not think that delay in extricating the head from the vaginal canal was the only cause of atelectasis, because: 1. The child's pharynx was clear from mucus. Of course, if the child's face was covered by the posterior wall of the vagina asphyxia might be produced without the inhalation of mucus. In that case, however, as soon as the face was extricated there would be no further obstruction to respiration. 2. Atmospheric pressure alone was not able to open the air-cells of the lungs.

TETANY, WITH ILLUSTRATIVE CASE.

George W. Miles (*Med News*, 1896, lxviii, 36) reports the following case:

In October, 1894, Florence S., a girl, aged seven years, was vaccinated. About ten days later severe inflammatory symptoms supervened upon the full development of the pock, caused by undue traumatism, the child having injured the arm and destroyed the original vesicle by scratching or rubbing it during sleep. The inflammation was readily relieved by an anodyne and astringent lotion. A considerable wound resulted, however, and there was sloughing of the skin over a space as large as a silver half-dollar. After subsidence of the inflammatory action the healing process was rapid and the arm improved daily. About six weeks after the vaccination, on the morning of November 14th. there occurred tonic spasms of the arms and legs, succeeded by the same condition in the muscles of the neck and back, and in the abdominal muscles. In the latter, particularly, the rigidity was so great as to elicit cries of pain. The muscles of the neck remained for the most part in a state of tonic contraction, so that any movement of the head was rendered quite impossible. The muscular groups of the forearm, the upper arm, and the legs were involved. The facial muscles were affected, and the grimaces and contortions resulting served more thoroughly to alarm the friends. The muscular spasms were bilateral. The tips of the fingers and thumbs were drawn together into a conical shape. Some of the toes were flexed and bent laterally under the other toes. The upper arms were drawn against the sides of the thorax and the forearm strongly flexed. There did not seem to be any involvement of the muscles of the diaphragm or bladder, as reported in some cases. These paroxysms lasted only a few moments at a time, but continued intermittently for three or four days, and in the beginning at least the phenomena of tetanus were closely counterfeited. Opisthotonos occurred frequently during the first day. Several authorities, while speaking of the startling resemblance which tetany bears to genuine

tetanus, mention as distinguishing the diagnosis that trismus occurs in the outset in tetanus, and is not apt to be or is not often found in tetany. In this case this diagnostic aid was not given, as the initial spasm of the masseters was a prominent feature of the case. The jaws were so firmly set together that the handle of a spoon could not be inserted flatwise. Any attempt to stir the child in bed was immediately followed by a tense and extremely rigid condition of the entire muscular system. The increased mechanical excitability, which is a well-marked symptom of tetany, was very prominent in this case. The slightest sound, even speaking the patient's name or extending the hand toward her or touching the surface was sufficient to produce a paroxysm. These spasms continued, as I have said, for three or four days at irregular intervals. The patient slept very little for all of that time during the day or night, a light sleep of fifteen or twenty minutes being followed by her awakening with screams and new paroxysms and pain in the contracted muscles. The pain complained of was sometimes in the jaws, sometimes in the left arm, sometimes in the abdominal muscles. Following each spasm the entire surface of the body was bathed in perspiration. While in the beginning the spasms occurred several times in the space of an hour, the intervals of relaxation became gradually lengthened, and much relief was obtained, though some stiffness of the muscles remained after three or four weeks. After the second day the relaxation of the jaws for a portion of the time was sufficient so that a tube could be inserted between the teeth, and in this manner it was necessary to introduce nourishment. This method of feeding was followed for about two weeks, as for that entire period the masseter muscles were never entirely relaxed except occasionally during sleep. The bowels were greatly constipated. The pulse during the height of the attack remained at 140 at night and 120 in the morning. There was very little rise in temperature, at least not to exceed a degree. For a couple of weeks preceding the complete attack nervous symptoms had been noticed by the parents, slight rigidity of the muscles, disturbances of vision, etc. The result of this was complete recovery. Convalescence was considerably prolonged.

How much, if anything, the vaccination or the wound following had to do with the symptoms which existed was uncertain.

The child was of a general neurotic temperament; she was of a constipated habit; she had been exposed to the cold and wet; she had at the time an extremely sore mouth, the result of digestive disturbances. Each of these things and many others are believed to have been causes of special cases of tetany. No doubt some or all of them entered into the etiology of this case, and it is possible that the irritation of the cutaneous surface by vaccination may have likewise been a factor.

NEPHRITIS OF THE NEWLY BORN.

Jacobi (*N. Y. Med. Journ.*, 1896, lxiii, 65) in an address delivered before the Medical Society of the District of Columbia recapitulates the main points of his paper as follows :

Nephritis is a frequent disease of infancy and childhood and by no means very rare in the newly born. What was formerly considered mere albuminuria, or a transient form of it, we have been taught by improved methods of investigation, mainly by the use of the centrifuge, to recognize as nephritis. A predisposition to nephritis in the young is caused by the fragility of the blood-vessels in the newly born ; by the relative imperviousness of the young renal capilliaries compared with the large size of the renal arteries ; by the feebleness of the young intestinal muscle, which proves insufficient to expel toxic contents ; by the extensiveness and size of the young intestinal blood-vessels and lymphatics and the large size of the villi, all of which favor the absorption of toxins.

From an etiological point of view, nephritis in the newly born may be :

1. *Congestive* (from feeble circulation, congenital heart disease, asphyxia, or exposure to low temperatures).

2. *Obstructive* (from the physiological rapid decomposition of the blood of the newly born ; the formation of hematoidin = bilirubin ; jaundice ; the production of methemoglobin by chemical poisons, such as potassic chlorate, or by excessive heat ; or the presence of blood in the uriniferous tubes).

3. *Irritative* (from the presence of uric-acid infarctions or hematoidin infarctions, of purpuric or other interstitial hemorrhages, or of microbes and toxins in the numerous eruptive and infectious maladies and in enteritis).

TREATMENT OF CHOREA BY SALICYLATE OF SODA.

W. F. McNutt (*Pacific M. J.*, 1896, xxxix, 1) reports a rapid cure of chorea from the salicylate of soda. The patient, a boy seven years old, had been sick for two years, and no benefit was obtained from the bromides, arsenic, chloral and other remedies. He was given the following mixture :

℞ Sod. Salicyl. ʒii
Syr. Gaulther. ʒi
Ag. Gaulther. *ad* ʒii

Mix. Sig. Twenty drops every hour for six hours ; and thirty drops every two hours thereafter.

The patient was nearly well in forty-eight hours, and in a week was allowed to sit up in bed.

CORRESPONDENCE.

THE FILTRATION OF MILK THROUGH ABSORBENT COTTON.

To the Editor of PEDIATRICS:

Sir:—In his article on infant feeding published in PEDIATRICS, January 1st, 1896, and in his new book on "Therapeutics of Infancy and Childhood," 1896, Dr. A. Jacobi after speaking of my infant-feeder (devised in 1889), refers to my method of filtering milk through absorbent cotton (*Archives of Pediatrics*, July, 1894) by saying on page 502: "His (Seibert's) plan-developed later—to filter milk before sterilization, is identical with that recommended by Auerbach."

In answer to this statement I submit the following letter, received by me from Dr. Norbert Auerbach, of Berlin, (the author in question) a few days ago:

Berlin, Dec. 16th, 1895.

Dear Sir:—In response to your letter of the 4th inst., I can but inform you, that I have never published any report on the filtration of milk through cotton. I also do not remember of ever having made such experiments.

Years ago I attempted to filter milk through asbestos-pasteboard (Asbest-Pappe) but did not publish these attempts, because the cleansing of milk by means of the centrifuge (milk-separator) appeared to me the most feasible for large dairy establishments.

That I highly appreciate the importance of cleanliness of milk before sterilizing in the household as well, is shown by my remarks published in my last article (*Therapeutische Monatshft.*, January, 1895), which you cited in your letter.

Respectfully yours,

Dr. Auerbach,
Blumenstrasse 68,
Berlin.

To Dr. A. Seibert,
New York.

The remarks Dr. Auerbach refers to, read: "and to remove the impurities out of the milk by twice straining (seihen) or to employ the centrifuge." Dr. A. Jacobi listened in person to the report of my numerous experiments on filtering milk through absorbent cotton before sterilization six months before Auerbach's remarks were published. In his criticism in his book Jacobi does not mention absorbent cotton, but only speaks of my plan for the purpose of disposing of it as "identical" with a plan of Auerbach's. As Auerbach never devised any plan for filtering milk (according to his letter) and as the wording of Jacobi's criticism broadly hints at a possible plagiarism, and as his book will be read by many and this statement, like

all others therein, will be accepted as based on facts, I can but seek a partial redress by publicly protesting against this statement and the criticism implied therein as misleading.

New York, Dec. 31, 1896.

Yours respectfully,
A. Seibert, M. D.

To the Editor of PEDIATRICS:

Dear Sir,—Your space is valuable; so is my time. The writer of the above letter chooses to take offense. I declare that I feel certain that none of your readers, except he, noticed in my words a "broad hint at a possible plagiarism." Plagiarism of what? Absorbent cotton?

The "identical" nature of the process I speak of, is in the filtering which can be accomplished by any porous substance and not in the filter. Your hyperesthetic correspondent uses cotton; so do hundreds of apothecaries in New York City who, these ten years or more, have cleared their medicinal solutions by filtering through absorbent cotton. My cook employs a napkin. Filtering paper accomplishes the same purpose. Auerbach does not "remember of ever having made such experiments with cotton." Evidently he has experimented with so many things beside asbestos, as not to care to keep an account of them or morbidly to look ahead for priority. His is more serious work. The rules in regard to hay feeding, clean stable, peat bedding, udder washing, (PEDIATRICS, page 3) are his in common with others. He adds: "Impurities are removed by straining twice, or by centrifuging. Such milk deserves the name of milk for infants." "Straining" and "filtering," are two different words it is true. Webster, however, will be found quite interesting reading. Even the old lexicographer speaks of "straining milk."

Yours respectfully,
A. Jacobi.

[We are quite sure that our readers, like ourselves, failed to detect any "broad hints at a possible plagiarism," as our correspondent puts it, in Dr. Jacobi's article "Infant Feeding—A Review," in our last number. Therefore the necessity of partial redress, or even a complete one, is not so urgent as our belligerent correspondent would have us believe.—Editor PEDIATRICS.]

Gibier, of New York, has succeeded in obtaining the diphtheria antitoxin in powder form; and he also prepares a "mixed" or double antitoxin, for cases suffering from "mixed" Klebs-Loeffler and streptococcus infection.

NEUROSINE

THE STANDARD NEUROTIC ANODYNE AND HYPNOTIC.

A RELIABLE REMEDY FOR THE RELIEF OF HYSTERIA, EPI[illegible] CHOREA, UTERINE CONGESTION,

MIGRAINE, NEURALGIA, ALL CONVULSIVE AND REFLEX NEUROSES; THE REMEDY PAR EXCELLENCE TO LIBRIUM AND RESTLESSNESS OF FEVERS, PRODUCING NATURAL SLEEP. WE WILL MAIL TO PHYSICIANS, FREE, OUR BOOKLET GIVING FORMULA AND CONTRIBUTIONS FROM MANY OF THE MOST EMINENT NEUROLOGISTS, INCLUDING FINE COLORED ENGRAVINGS OF THE UTERUS AND APPENDAGES, AND CEREBRAL LOCALIZATION CHARTS. OR FREE SAMPLES OF NEUROSINE, DIOVIBURNIA, SENNINE, THEY PAYING EXPRESS CHARGES. DIOS CHEMICAL CO. ST. LOUIS, MO., U. S. A.

J. FEHR'S

"COMPOUND TALCUM"

"BABY POWDER."

The Hygienic Dermal Powder for Infants and Adults.

Originally investigated and its therapeutic properties discovered in the year 1868 by Dr. Fehr, and introduced to the Medical and the Pharmaceutical Professions in the year 1873.

COMPOSITION—Silicate of Magnesia with Carbolic and Salicylic Acid.

PROPERTIES—Antiseptic, Antixymotic, and Disinfectant.

USEFUL AS A GENERAL SPRINKLING POWDER

With positive Hygienic, Prophylactic, and Therapeutic Properties.

GOOD IN ALL AFFECTIONS OF THE SKIN.

Sold by the Drug Trade generally.—Per Box, plain, 25c.; perfumed, 50c. Per Dozen, plain, $1.75; perfumed, $3.50.

THE MANUFACTURER,

JULIUS FEHR, M. D.,

ANCIENT PHARMACIST,

HOBOKEN, ... N. J.

Only advertised in Medical and Pharmaceutical Prints.

Announcement

PEDIATRICS

A Semi-Monthly Journal Devoted Exclusively to the Prevention and to the Study of Diseases of Children.

Owned by Dillon Brown, M.D., of New York, and edited by George Carpenter, M.D., of London. Issued on the first and fifteenth of each month by the

VAN PUBLISHING CO., 1432 BROADWAY, Cor. 40th St., New York, 85-89 GREAT TITCHFIELD ST., W. London.

An International Medical Journal, the aim of which is to put before the Profession in an easily absorbable form, all that is new and valuable pertaining to the prevention and treatment of disease as it manifests itself in children. ... ...

Prominent Features of PEDIATRICS are:

I. Its staff of collaborators are recognized leaders in the departments which they represent. They will contribute not alone original articles, but will prepare at stated intervals, comprehensive up-to-date retrospects embodying the results of labor in their respective fields. They will also contribute brief practical editorials, which shall be the reflexion of personal experience.

II. Its original articles are brief, well written, practical and properly illustrated.

III. Each number contains an illustration (half-tone or engraving), portraying a strikingly typical disease, thus facilitating recognition of rare types and of uncommon manifestations of common diseases.

IV. The Progress of Medicine Department will embody a review and digest of the literature of the diseases of children that is contributed to medical journals the world over.

V. PEDIATRICS will contain full reports of the meetings of the British Orthopedic Society, the American Pediatric Society, the Pediatric Section of the New York Academy of Medicine, the Ohio State Pediatric Society, the American Orthopedic Association, and all of the English and Continental Societies devoted to diseases of children.

VI. Its Department of Therapeutic hints and suggestions will aim to reflect therapeutic methods and measures that have been serviceable in the hands of the specialist and the general practitioner.

VII. New instruments, new procedures, anything contributing to the advance of Pediatrics will be fully and promptly discussed.

VIII. Its columns are open to any physician who has something of interest to communicate on the subject of diseases of children.

IX. On account of its fortnightly appearance its size is convenient and its matter recent, qualities that will recommend it to the busy practitioner.

X. Its subscription price is, commensurate with its contents, as low as any medical journal published, $2.00, or 8 shillings a year, 24 numbers.

Subscribe now for 1896.

Published on the 1st and 15th of the month. $2 or 8s. a year.

Pediatrics

DEVOTED TO THE DISEASES OF CHILDREN.

1432 Broadway, cor. 40th St., New York.
85 Great Titchfield St., W. London.

Please put my name on the list of subscribers to PEDIATRICS

Name.....

P. O. Address.....

County or City.....

State.....

The RECEIPT of all money is immediately acknowledged by a postal card.

The Next Best Thing

To a course of study at the Philadelphia Polyclinic and College for Graduates in Medicine, is to invest **one dollar a year** in a subscription to the Journal of the College.

The Philadelphia Polyclinic is published weekly and gives Brief, Practical, Original Articles, selections from the best in Current Literature, and a series of Valuable Notes from the Clinics and Laboratories of the College.

If not already a subscriber, send in your name at once.

Or_____

CUT THIS OUT.

THE PHILADELPHIA POLYCLINIC AND COLLEGE FOR GRADUATES IN MEDICINE:

Send me for **FOUR WEEKS' FREE TRIAL,**

Your Weekly Journal, **The Philadelphia Polyclinic.**

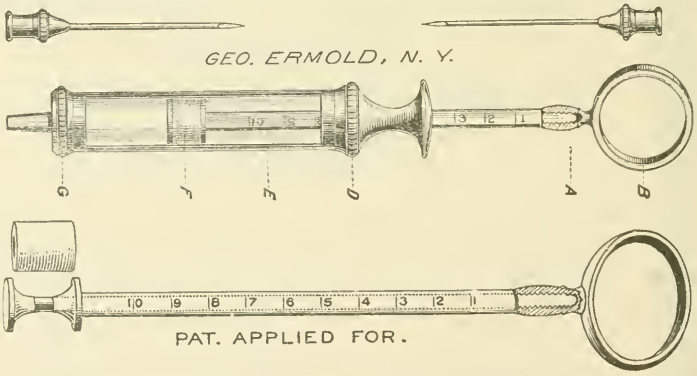
NAME, M. D.

P. O. ADDRESS .....

The New Antitoxin Syringe

With ERMOLD'S Dilating Piston And Asbestos Packing.

A Fine and Selected Line of Physicians' Supplies Constantly on Hand.



GEORGE ERMOLD,

MANUFACURER OF **SURGICAL INSTRUMENTS**

Factory and Salesroom, 312-314 EAST 22D STREET,

Three Doors from Second Ave. One Flight Up. NEW YORK.

HE BEST GENERAL LAXATIVE AND CATHARTIC IN THE MATERIA MEDICA

is undoubtedly Castor Oil. Its one objection is its disagreeable taste. Prof. Adolph Sommer's discovery that Benzoic Sulphinide or Saccharine is soluble in oils has enabled us to issue a Castor Oil which is literally as palatable as honey. Laxol is nothing more nor less than a superior quality of cold-pressed Castor Oil, sweetened with Saccharine and flavored with Oil of Peppermint. It tastes very much like Syrup of Peppermint, and children will be found to take it readily. We are anxious that every physician should be familiar with Laxol, and upon application, will gladly send a bottle, express prepaid. Seeing is believing, and we hope that our offer will be taken advantage of.

A. J. WHITE, Sole Agent,

30 Reade St., New York.

FARBENFABRIKEN VORM. FRIEDR. BAYER & CO.'S PHARMACEUTICAL PRODUCTS.

Europhen

Europhen is a powerful antiseptic and cicatrisant, non-poisonous, and of an agreeable odor, adheres firmly to denuded surfaces, forming an ideal dressing for ulcerative lesions of the skin and mucous membranes, especially those of venereal character.

Salophen

In acute and chronic rheumatic affections Salophen is the most eligible remedy, being equal in efficacy to the salicylates and free from their toxic and unpleasant action, and is highly recommended in migraine, cephalalgia, sciatica, and for the pains of influenza.

Piperazine-Bayer

Piperazine-Bayer has been found superior to all other remedies as a solvent of uric acid and uratic deposits in various parts of the body, especially the kidneys and joints, and is greatly esteemed in the treatment of lithæmia, gout, renal calculi and hematuria.

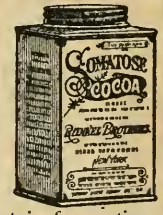
also { ARISTOL — LOSOPHAN — LYCETOL-BAYER — PHENACETINE-BAYER — TANNIGEN — TRIONAL — SULFONAL-BAYER } **and**

Somatose

A Scientific Food, Tonic and Restorative,

consisting of the albumoses, the elements necessary for nutrition — It is an odorless and practically tasteless powder — Is palatable, well relished, and stimulates the appetite — Is easily digestible, and does not overtax the stomach — Is readily assimilated, producing a rapid gain in flesh and strength — Is less expensive than other food preparations, considering the small dose and the high and concentrated nutritive value.

Supplied in 2-oz., ¼, ½ and 1-pound tins; also the following combinations:



SOMATOSE-COCOA — A superior Cocoa with 10% Somatose for mothers, invalids and convalescents. A desirable addition to the diet of children, and a pleasant beverage for table use.

Somatose-Chocolate (10% Somatose), for eating and drinking.

SOMATOSE BISCUIT

an appetizing, nourishing food for invalids and delicate children. Compact in form, stimulating and strengthening, for bicycle rides, in fishing and hunting trips, or when travelling.

Pamphlets, with full information, mailed free.

Schieffelin & Co.

New York, Sole Agents.